

SHELTERING *IN* DANGER

AN INVESTIGATIVE REPORT BY THE MINORITY STAFF
OF THE U.S. SENATE COMMITTEE ON FINANCE

APPENDIX VOLUME 2
(Appendix D)



UNITED
STATES
SENATE

NOVEMBER 2018



Appendix D

Exhibit 1



June 4, 2018

David Berick, Chief Investigator
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Via Email: David_Berick@finance.senate.gov

Re: Rehabilitation Center at Hollywood Hills

Dear Mr. Berick:

Thank you for your recent additional inquiries regarding my client, Rehabilitation Center at Hollywood Hills ("Hollywood Hills"). Listed below are corresponding responses. I would be happy to schedule a call to discuss any additional questions you may have.

EMERGENCY PLANS

Inquiry: You provided two documents which appear to be parts of the Hollywood Hills emergency plans, but neither is complete and they are contradictory. For example, you provided a copy of the facility transfer agreement with Manor Oaks, but different facilities are specified in the emergency plan. Individuals who appear to have played a key role in Hollywood Hills' emergency response do not appear in the plans. For example, you have provided phone logs with calls placed by Natasha Anderson, but she does not appear anywhere in the Hollywood Hills emergency plan and seems to be an employee of the behavioral health facility, not the nursing facility. The sections of the emergency plan regarding related-Larkin entities –Larkin Behavioral and RCHH/Larkin -- are not provided and the relationship among these entities isn't clear nor spelled out in the Hollywood Hills emergency plan, even though the response seems to have involved all of these entities. So we would like to better understand these documents, the relationship among the plans/facilities/Larkin staff, as well as the contradictory and missing elements. We would also like to obtain the complete plans. Appendices, for example, are not included.

Response: The Comprehensive Emergency Management Plan (CEMP) was prepared and submitted by Hollywood Hills to the Broward County Division of Emergency Management for review and approval in accordance with Section 400.23(2)(g), Florida Statutes. Broward County provided the opportunity for other interested State Agencies, including the Florida Agency for Health Care Administration to also review and comment upon the CEMP submitted by Hollywood Hills. AHCA had no comments or criticisms of the CEMP, and Broward County approved the CEMP according to the

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established state criteria. See Exhibit 1. Subsequently, disaster drills were held on the CEMP as required. See Exhibit 2.

There is no current requirements in law for “spelling out the relationship” between various other entities or facilities that share common ownership. Each separate licensed health care facility has its own CEMP. As to phone calls being made by Natasha Anderson after the loss of power to the building, Ms. Anderson, as the CEO of Larkin Behavioral, made calls as the mental health hospital facility shared the same building and the same AC chiller that lost power. In addition to the calls placed by Ms. Anderson to designated state emergency management officials and Governor Rick Scott, multiple calls were also made by employees of Hollywood Hills (including CEO Jorge Carballo and Plant Manager James Williams) to Florida Power & Light, state and county emergency operations officials, AHCA, and Governor Scott.

As you may be aware, all of the facility’s records were seized by the Hollywood Police Department, including the CEMP that was on site at several locations in the facility. We have submitted the CEMP materials to you that we have been able to obtain from the police department. You may need to contact them directly for any additional documents which are no longer in my client’s possession.

Inquiry: Also did Hollywood Hills have any priority response agreements or protocols with the County or the State for response in emergency conditions beyond what is spelled out in the plans? Did Larking [sic] Behavioral Health? If so, what are they?

Response: Individual health care facilities such as Hollywood Hills do not have any ability to establish priority “response agreements or protocols with the County or State.” Rather, the State and county establish the protocols, including protocols and policies for priority for power restoration. In response to our litigation discovery and Public Records Requests, Broward County and the State have refused to release their priority protocols for power restoration. This is an area of legitimate concern for public policy as there should be no doubt that nursing homes should receive high priority for power restoration. The State and county emergency planning and management systems in place at the time of Hurricane Irma failed to make power restoration to nursing homes a priority. When Hollywood Hills specifically requested priority restoration, the power company, and state officials (AHCA) indicated to Hollywood Hills that the request had been “escalated” but failed to follow through with expedited power restoration. Broward County also requested that Florida Power & Light make power restoration at Hollywood Hills a high priority on the evening of Tuesday, September 12 (restore power within 2 to 6 hours). However, FP&L again failed to respond to this priority request. See Exhibit 3.

Inquiry: Were there any other protocols for communication with local and state emergency management officials?

Response: The protocols for communication with local and state emergency management officials included updates to the Florida HealthStat web-based computer tracking system, as well as

specific emergency assistance numbers that were distributed by state officials to the nursing home industry in advance of Hurricane Irma. The Governor provided his cell phone as a contact number to be used in the event any problem was encountered during the storm that was not promptly resolved. Hollywood Hills followed the established protocols for communication including multiple phone calls to the Governor and to other state and county emergency management officials.

Inquiry: Were there any other protocols for communication with the power company?

Response: The telephone numbers for reporting loss of power were distributed by Florida Power & Light prior to the storm. Hollywood Hills followed those protocols and immediately reported the loss of power to Florida Power & Light on September 10, 2017 when the AC Chiller system was lost during the storm. The recording of the initial phone call confirms that Florida Power & Light was advised that the building housed a hospital and a nursing home, that the power to the AC chiller was lost, that the facilities cared for frail elderly residents, that they needed immediate restoration of power, and that the facility should be entitled to priority in power restoration. Florida Power & Light was further advised that the need for power restoration should be considered an emergency. Additionally, FP&L had an established web-site which was accessed numerous times by Hollywood Hills to report the loss of AC power.

Inquiry: Did your client update their emergency plans to comply with CMS's updated emergency preparedness and response regulations published in September 2016? (Federal Register Vol 81, No. 180/Friday September 16, 2016/Rules and regulations).

Response: The effective date for implementation of revised emergency plans under the federal rule was November 15, 2017. Hollywood Hills was in the process of updating its emergency plan as required to meet the implementation deadline.

EVENT RESPONSE

Inquiry: We would like to know more about how Hollywood Hills responded to the event and the extent to which it followed its emergency plans (above). What Hollywood Hills official(s) made the decision to shelter in place? What factors did that individual(s) use when making the decision? Did that individual(s) reassess the need to shelter in place or evacuate during and after the emergency? If not, why not?

Response: Hollywood Hills followed its CEMP and responded appropriately to Hurricane Irma in accordance with the communications and advice issued by State and county emergency management officials. It is widely accepted among emergency planning experts that nursing homes should shelter in place unless there is a mandatory evacuation order issued due to potential flooding or other conditions of the storm requiring that residents be evacuated. This is well-documented by academic research showing that there is increased mortality and morbidity associated with evacuations of frail elderly

nursing home residents. (See Affidavits of Dr. David Dosa and Dr. Dennis Mileti submitted to CMS in pending administrative case attached hereto as Exhibits 4 and 5, respectively). AHCA Deputy Secretary Molly McKinstry confirmed in testimony to the Florida Legislature that “Shelter in Place” is the preferred strategy due to increased mortality and morbidity associated with evacuations. The Hollywood Hills staff closely monitored the approach of Hurricane Irma and the advisories issued by the state and county emergency management officials. The CEO and the senior leadership team at Hollywood Hills made the decision to shelter in place, and continually monitored conditions at the facility during and after the storm. Factors considered were the elevated mortality and morbidity that occurs due to evacuation of frail elderly during a hurricane, the widespread loss of power throughout the state, the placement of Spot Coolers and fans as a temporary alternative cooling and ventilation measure, the availability of electrical power at the facility, and the monitoring of resident conditions by the facility staff, as well as third party physicians, a Physician Assistant, Hospice RNs, managed care RN, among others. No health care provider reported that they believed that an evacuation of all residents should occur at any time prior to the evacuation in the early morning hours of September 13.

Inquiry: What are the Hollywood Hills protocols for notification of families or guardians of residents/patients concerning facility status during emergency conditions? (The emergency plan seems to require telephone notification in the event of a resident’s re-location, but not notification in an emergency or otherwise.)

How did Hollywood Hills notify families and guardians of the facility status in this event?

Response: Your question as to notification to families and guardians is not clear. Hollywood Hills sheltered in place during the storm, and families would be well aware of the statewide emergency declared by Governor Scott as the storm approached. When the storm passed, the facility was opened to families and visitors. The facility followed its standard policies on notifying families in any change in a resident’s status or relocation of the resident to another facility. The facility evacuation was conducted by Hollywood Fire Department, and local Hospital ED workers. Residents were relocated by these other officials without obtaining their full medical records and without following the facility’s standard protocols regarding notification of family and treating physicians. The facility staff attempted to keep track of where residents were taken and when possible assisted in notifying family members or responding to family member’s inquiries. It should be noted that contrary to the wide spread media reports, many residents were not simply transferred to the hospital across the street but were transported to facilities throughout the County by the Hollywood Fire Department.

Inquiry: We would like to better understand what calls Hollywood Hills and/or Larkin made to the power company and what their response following the partial loss of power to the building. The building obviously houses two different facilities and they seem to be treated differently in priority rankings even though the chiller is the same, etc.

Response: As noted above, Hollywood Hills immediately notified the power company upon the loss of power to the AC chiller and requested priority restoration. FP&L was specifically advised that the building housed both a hospital and a nursing home. Numerous phone calls to the power company are documented in the phone logs previously provided. Additionally, state officials (AHCA) and Broward County officials also notified FP&L of the need for priority power restoration. Priority in restoration is controlled under agreements between the state, county and the power company.

STAFFING, PERSONNEL CVs AND QUALIFICATIONS

Inquiry: You provided us with CV's and biographical materials of several individuals, but these individuals do not appear in the emergency plan nor do they appear to be on staff of the nursing facility, e.g. Natasha Anderson. In other cases, the CV's are not provided. For example, the emergency plan states that James Williams, Director of Engineering, is to be in charge of operations during an emergency. His CV is provided. Jorge Carballo is the alternate. His CV is not provided. The Director of Nursing is designated to assist. Her CV does not appear to have been provided. Who are these other people, i.e. Natasha Anderson, and how are they related to Hollywood Hills?

Response: Your question is confusing. A copy of Mr. Carballo's CV is attached as Exhibit 6. A copy of Maria Castro Colon, the Director of Nursing is also attached as Exhibit 7. Please let us know if you would like copy of any other specific CVs. Natasha Anderson was the CEO of Larkin Behavioral Hospital which shared the same building and same AC chiller with Hollywood Hills.

Inquiry: Were there additional personnel on-site, specifically physicians providing medical care employed by the facility or under contract? Do they receive mandatory emergency preparedness training?

Response: There were multiple physicians who visited their patients who were residents of Hollywood Hills before, during and after Hurricane Irma. Dr. Wayne Evancho and Dr. Frances Cadogan are private practice physicians who visited their patients on Tuesday, September 12 and found that the conditions in the facility were not excessively hot and determined that they did not need to seek transfer or relocation of their patients. (Their deposition testimony is attached as Exhibits 8 and 9, respectively). Additional health care professionals who were in the facility on Monday, September 11 and Tuesday, September 12 included multiple EMS Paramedics with City of Hollywood Fire Department, Nurses with VITAS Hospice who were providing bed-side care to their patients residing in the facility, and Brian James, a licensed Physician Assistant employed by the facility Medical Director who rounded on patients in the facility on Tuesday evening. (He can be observed on video caring for a patient and writing orders.) All licensed health care professionals comply with the required continuing education and emergency preparedness training under their governing licensure authority (Board of Medicine, Board of Nursing, etc.).

PHONE LOGS AND RECORDS

Inquiry: You provided several different sets of phone logs and timelines of calls in and out of facility, some apparently related to power restoration, some related to acquisition of spot cooling equipment, others related to the status of the facility. It's not clear from the logs and timelines who the individuals are who are making the calls or to whom. It would be helpful if you could walk us through the individual sets of records so that we can understand who the participants are, with whom they are communicating, and what you believe information in the records that you have provided actually conveys.

Response: We have provided a log of phone calls and provided additional back-up documentation. In general, the phone logs demonstrate that calls were made to FP&L to request power restoration, and that calls were made for assistance to the county and state emergency management officials including Governor Rick Scott. The call log provides the name of each person making or receiving calls (a copy is attached as Exhibit 10).

NURSING HOME STATUS TABLES AND RELATED ISSUES

Inquiry: You provided several tables which appear to be from AHCA showing the status of nursing homes in Florida in addition to Hollywood Hills, but the origin of these tables, the timeframe they cover, and what information you believe they convey are not clear. It would be helpful if you could explain the origin of these tables and the information you believe they contain.

Response: We will be happy to assist. You can likely obtain additional information from the AHCA. The Deputy Secretary used some of this same information when testifying to the Florida Legislature and making the point that the problem of nursing homes losing power and air conditioning in the wake of Hurricane Irma was pervasive throughout the State. The tables document that same information and are from AHCA.

We recently prevailed in a Public Records lawsuit against the Florida Department of Health in seeking to obtain death certificate data that should disclose the number of deaths that occurred among Florida nursing homes residents during and immediately after Hurricane Irma. Based upon past academic studies, it is anticipated that the number of deaths would be elevated above non-hurricane years. The recent publication of data from Puerto Rico demonstrates how initial reports of deaths due to a natural disaster can be vastly understated.

AHCA LICENSING DOCUMENTS

Inquiry: You provided several documents that relate to the licensing status of the facility and resolution of past non-compliance issues at Hollywood Hills. However, it is difficult to determine, based on the documents, how or even whether regulatory issues were resolved. For example, the facility

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appears to have been cited for not meeting emergency generator requirements, but we cannot determine from the documents provided the status of that issue. We would like to understand the timeline of the regulatory issues, including those involving the replacement or addition of emergency generators at Hollywood Hills, beginning with any AHCA citations for deficiencies related to emergency generator requirements and continuing through the current status of all projects.

Response: We will be happy to provide assistance in this regard. AHCA has not alleged any uncorrected deficiencies existed at the facility at the time of Hurricane Irma.

Please do not hesitate to contact me should you require additional clarification in connection with this response.

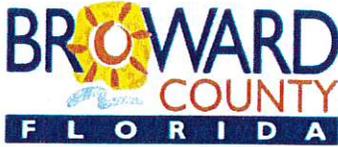
Sincerely,

/s/ Geoffrey D. Smith

Geoffrey D. Smith

S:\852.000 Hollywood Hills ESO\Correspondence\Berick.David 6-4-18.docx

Exhibit 1



Environmental Protection and Growth Management Department

EMERGENCY MANAGEMENT DIVISION

201 N.W. 84th Avenue • Plantation, Florida 33324-1895 • 954-831-3900 • FAX 954-382-5805

July 21, 2017

James Williams, Director of Engineering
Hollywood Hills Rehabilitation Center NH
1200 North 35th Avenue
Hollywood, Florida 33021

Dear Mr. Williams:

This letter serves to confirm that your Comprehensive Emergency Management Plan (CEMP) meets the Emergency Management criteria established by the State of Florida Agency for Health Care Administration (AHCA).

Your plan was approved and it will be valid through August 6, 2018. Please note annual updates to your plan are due two months prior to your plan's expiration date shown above.

At renewal, your facility does is not required to submit a complete new plan. However, you must include updated contacts and agreements current within two years, and two hazard drills conducted within the prior 12-month period. Additionally, if your fire safety plan approval has expired, contact your local fire department to renew it prior to the expiration of your CEMP. Licensed health care facilities must immediately report any change of owner, location, or facility name.

If an invoice is attached, payment is due upon of receipt of this letter.

To improve your facility's ability to respond to an emergency, we encourage you to review your plan regularly, and update it as necessary.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lotti Brown", with a long horizontal flourish extending to the right.

Lotti Brown
Emergency Program Manager

Enclosure

cc: Arlene Mayo-Davis, AHCA

Exhibit 2



REHABILITATION CENTER

Disaster Exercise Evaluation Tool

Section One - Description of Event

Date: 10/7/2016

- a. Internal Drill External Drill
- b. Actual Event
- c. Influx of Patients
- d. Communitywide
- e. Sustainability

Section Two - Exercise Scenario based on HVA Emergency

a. HVA Emergency (based on HVA)

During our annual HVA it was noted with a high possibility of a hurricane and based on the HVA calculations scoring 30 has performed and conducted an internal exercise drill.

	HIGH	MED.	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD. DISRUP-TION	NO DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
NATURAL EVENTS													
Hurricane													

b. Exercise Scenario

Exercise scenario as follow; The B.E.M.A (Broward County Emergency Management Agency and the National Weather Service's has issued a hurricane warning for the Fort Lauderdale area in direct line.

Staff has been advised of the thread warning and all employees are to assume their responsibilities and prepare for evacuation if necessary.

Section Three - Identified Primary Monitor

Name: James Williams- Director of Engineering/Safety Officer
María Colon -/ Director of Nursing
Joselin Rosario - Director of EVS
Luis Ramirez - Director of PI/Risk Management

Department or Responsibility: ENGINEERING/ Safety
Cell phone [REDACTED]

Section Four – Response to Core Performance Areas				
	Excellent	Good	Opportunities for Improvement	Comments
Communication – including Activation of command structure Notification of staff Notification of external sources		Good	It was noted everyone communicated effectively however need to in-service and provide in-service of such.	Activation of Command structure was successful, notifying of staff was very efficient, notification of external sources was seen to be implemented and follow through procedures and policy in place.
Resource and Assets – including Equipment Supplies PPE Transportation		Good	Although equipment, supplies, PPE and Transportation was readily available improvement are needed to manage resources and assets more organized	
Safety and Security- Including Patients Staff Visitors Perimeter Access Entry Control	Excellent			It was noted staff take good responsibility in the safety and security of our patients, fellow staff members, visitors. Perimeter was controlled by Facilities Staff.
Staffing Roles and Responsibilities- including Adaptation to disaster role Wearing of identification	Excellent			It was noted staff carrying out their roles and responsibilities; all wore identification and assume their roles with much dedication to the cause.
Utility Management- including Uninterruptions Supply	Excellent			All utilities have been checked for proper operation and the generator fuel tank is filled to capacity in case we lose power and do not evacuate
Patient Management – including Clinical activities Support activities Admissions activities Patient identification Patient tracking	Excellent			Patient management was dealt with an excellent timely manner, clinical, support, admissions departments we're managing their roles effectively, patient identification and tracking performed.

Section Five - Staff Knowledge				
Staff demonstrate knowledge of basic plan		Good		Staff at The Rehabilitation Center has demonstrated basic knowledge of the plan, however it is recommended to perform frequent in-service as well we have provided a copy of our EOP in each nursing station, supervisors office and admissions.
Staff demonstrate knowledge of location of Plans		Good	Need improvement	Plans will be distributed to all staff members as well in-service will be provided.
Staff participate in filling required alternate roles effectively		Good	Need Improvement	Although staff participation was good the need to in-service newly hired staff is necessary in order to effectively fill alternate roles.
Staff communicate effectively with administrative control team		Good	Need Improvement	

Comments:

1. Based on an HVA (Hazard Vulnerability Analysis) created by the multi disciplinary team and safety committee it was determined a hurricane would be a high disruption to our facility; we have performed an external disaster drill based on the HVA.
2. A simulation hurricane warning was announced throughout the facility, a category 5 hurricane is in direct line to the Fort Lauderdale coast area affecting our facility with winds in excess of 155 mph.
3. RCHH/LARKIN staff has been alerted with a severe weather code and all employees are to assume their responsibilities and perform according to the EOC plan.

4. The Safety Officer has activated the incident command system and the Executive board room has been designated as the Incident Command Post.
5. The Receptionist has announced "SEVERE WEATHER DRILL" through the over head announcement.
6. All business office and Administration staff immediate began to safe all data; unplug all electrical appliances and securing all files under lock and key. All non essential staff simulated going home until further notification from the Incident Commander.
7. The pharmacy immediately will place an emergency hurricane order which will be delivered contracted services as their contact will rush the order to the facility the next morning, as well already having stock at hand for immediate use.
8. The DON has contacted the pharmacy to assure medication is ready and available for up to 5 days if no evacuation is ordered and patients remain at the facility. CNO will initiate discharges for all patients able to go home, and have a place to go if the incident commander issues an order to evacuate, the DON and the risk manager will then contact the alternate care sites for available beds in order to transfer patients in need of immediate care and those patients in which have nowhere to go when discharged.
9. Human Resources Director began communication with Incident commander, as well locked all confidential employee records under key, also providing the employee contact list and providing support to the incident commander as needed, working with the CNO in order to have a back up staff if no evacuation is ordered in order to have the team in place be relieved for duty.
10. The Director of Risk Management began to communicate with Incident Commander and the Safety Officer, began to contact the alternate care sites to find out their status and number of beds we can utilize if need to transfer patients under the agreement in case of an evacuation is ordered by the Incident Commander. If the evacuation was ordered the Director of Risk Management would be begin the master head count, patients information records, evacuate to assigned alternate care sites with our staff, perform a walkthrough with the facilities Director and closed the facility. If no evacuation order is given the Director of Risk Management will acquire the staff list and make sure coverage is available working with all Department Heads and the Incident Commander to assure the sustainability of supplies is ready and available for immediate use if needed.
11. All the nursing staff directed by the CNO began to contact the Pharmacy to confirm all medication use for sustainability is in place if needed, the current staff will stay on duty until Team B arrives to relieve them of their duties if no evacuation is ordered. The Nursing staff in each unit has contacted Maintenance, housekeeping and dietary to make sure the water is ready to be distributed for consuming and for sanitary purposes if public water service is interrupted, clean linen and food for patients and staff.
12. Medical Records began to secure the, remove all files located within 4 feet of the ground shelving, move files from lower cabinets and proceed to evacuate if an order to evacuate is activated.

13. A&R began checking bed capacity, unplugging all computers and equipment, cover and lock all files, move files from lower cabinets and proceed to evacuate if an evacuation is activated.
14. Kitchen/Dietary – The dietary department began to prepare all dry and canned food in preparation of no evacuation is ordered, having water supply for drinking purpose ready and available for immediate usage if needed.
15. The Housekeeping Department began to prepare the distribution of hand sanitizer, sanitizing wipes, clean linen as well as having their materials ready and fully stocked to continue providing environmental services to our patients and staff.
16. Engineering began to simulate the preparation of shutters installation evacuation or not, removing all objects from the entire exterior of the facility in which can become projectiles due to high winds. If an evacuation was ordered by the incident commander the Plant Operations Director along with the Incident Command Structure in place will complete a final and thorough walk through, shut off all natural gas, power of all electrical panels including main feed, locking and securing the facility until further notification of the incident commander.
17. The Administrator/Incident Commander will have a recorded landline to inform all staff, patients, families, contractor and service providers of updates in regards to the operation of the facility.

Overall the Disaster drill was successful, the staff is aware of functions in order to have the EOP plan be effective.

Performance Area	Corrective Action	Responsible Person	
Communication	Provide a dedicated phone line with recording message and update information	Administrator/ Risk Manager / Safety officer/Facilities Director	
Resource and Assets	Provide central location and make staff aware of locations and supplies.	Safety Officer/Risk Manager	
Safety and Security	n/a	Safety Officer/ Director of Facilities'	
Staffing Roles and Responsibilities	Continue to provide training and in-service.	Safety Officer/Risk Manager/CNO/CEO /Director of Facilities	
Utility Management	Continue to monitor and provide all maintenance, keep acceptable fuel level for generator, and assure proper operation is available in case of actual emergency is present.	Director of Facilities	
Patient Management	Continue to in-service and provide constant training to staff in order to continue providing the same response.	Administrator /DON/Risk Manager/Safety officer/Director of Facilities.	

Section Six: Plan for Improvement

Section Seven: Secondary Monitors

Monitors:

1. James Williams
2. Jorge Carabella
3. Josefín Rosario

Completed by: James Williams Director of Facilities/Safety Officer Date: 10/7/2016

**Rehabilitation Center at Hollywood Hills
December 7, 2016 at 2:00pm to 2:30pm
Internal Disaster Drill (Elopement)**

Type of Disaster **Immediate Response** **Area for Improvement** **Comments**
Code Yellow
Internal Disaster Drill

<p>1. Communication: Activating command Notification of staff Notification of Internal Source.</p>	<p>Communication was activated by Receptionist who alerted staff that Code Yellow was in progress. Initial Time of drill: 2:00pm Completion of drill: 2:30pm</p>	<p>Staff responded appropriately to Code Yellow and began searching Resident Rooms and outside of building.</p>	<p>Continue to educate staff on Disaster Drills. This helps to facilitate process during real events.</p>
	<p>Staff responded by searching Resident Rooms and outside of building.</p>	<p>Staff responded appropriately by looking for Resident inside and outside of building.</p>	<p>Risk manager, DON, NHA were present and able to direct staff who responded well to direction.</p>
	<p>Front line and Management team searched Resident Rooms and outside parameters of building.</p>	<p>Staff found Resident IN THE ENVIRONMENTAL OFFICE.</p>	<p>Front line staff did a great job. Front line followed direction well.</p>
<p>2. Resource and Assets</p>	<p>Excellent Response from staff.</p>		<p>Staff followed Policy and Procedure with good outcome. Resident was found stable within 15 minutes.</p>
<p>3. Staffing Roles and responsibilities</p>	<p>Excellent Response.</p>		<p>Staff took responsibility by searching all rooms and all areas of facility inside and out.</p>

The Rehabilitation Center at Hollywood Hills

Education/In-service

Topic: Code Yellow Date: 12/7/16
 Facilitator: Luis Ramirez Risk Manager Time: 7-3
 Summary: _____

NAME	SIGNATURE	TITLE
Azzie Bunka	Azzie Bunka	DIAC
Joselyn Bowers	Joselyn Bowers	CNA
Erin Coogan	Erin Coogan	CNA
Kathleen Brown	Kathleen Brown	CNA
Janette Hill	Janette Hill	C.N.A.
Marsha Johnson	Marsha Johnson	CNA
Jacqueline Amayo	Jacqueline Amayo	CNA
Selvia Jacob	Selvia Jacob	HR
Rodine Maloney	Rodine Maloney	Commodore
Lynne B. Brown	Lynne B. Brown	Commodore
Cheronda Estime	Cheronda Estime	Commodore
Chela Sargent	Chela Sargent	Commodore
Fritzner Voltaire	Fritzner Voltaire	Porter
Shandrell Warren	Shandrell Warren	Director
Maria S. Eugene	Maria S. Eugene	Director
Udal Hansen	Udal Hansen	Director
Ervin Hernandez	Ervin Hernandez	Director
Shirley Fry	Shirley Fry	Director
Raymond Fry	Raymond Fry	HR
Paula Fry	Paula Fry	CNA
Angela Amaya	Angela Amaya	HR
Marjorie Mitchell	Marjorie Mitchell	CNA
Sharon TESSIE	Sharon TESSIE	CNA
Shirley Voltaire	Shirley Voltaire	CNA
Michel Delcourt	Michel Delcourt	CNA

The Rehabilitation Center at Hollywood Hills

Education/In-service

Topic: Code Yellow Date: 12/7/11
 Facilitator: Luis Risk Management Time: _____
 Summary: _____

NAME	SIGNATURE	TITLE
GETHA ELIZABETH	<i>Getha Elizabeth</i>	CNA
LYNN KYLE	<i>Lynn Kyle</i>	STAFFING
ANGELA KELLY	<i>Angela Kelly</i>	CNA
NERETTE PASTEURIN	<i>Nerette Pasteurin</i>	RN
ROSEMARY COOPER	<i>Rosemary Cooper</i>	LPN
ANIS KEMUR	<i>Anis Kemur</i>	RN
NATIE JACQUES	<i>Natie Jacques</i>	CNA
ASHLEY PETROVIC	<i>Ashley Petrovic</i>	RN
AURORA LYNN ECHOW	<i>Aurora Lynn Echow</i>	RN
SHIRLEY PERKIN	<i>Shirley Perkin</i>	RN
OLEAUTE THOMAS	<i>Oleaute Thomas</i>	CNA
CHRISTOPHER TROW	<i>Christopher Trow</i>	M. Tech
LOUISA M. MILCO	<i>Louisa M. Milco</i>	CNA
JULIE PASTERNAK	<i>Julie Pasternak</i>	A.D.
MARIA GONZALEZ	<i>Maria Gonzalez</i>	CNA
STEVEN VOJERK	<i>Steven Vojerk</i>	SVT
SILVIO CASSO	<i>Silvio Casso</i>	Activities
ANA MURRAY	<i>Ana Murray</i>	RN
SANDY SAGUETTE	<i>Sandy Saguet</i>	HSK
JOSELIN RASANO	<i>Joselin Rasano</i>	Dir EVS
JORGE CARBALLO	<i>Jorge Carballo</i>	ADMN.
VIVIANE MAX	<i>Viviane Max</i>	RN
KRYSTAL KELLY	<i>Krystal Kelly</i>	RN
GLORIA M. ROZASUPE	<i>Gloria M. Rozasupe</i>	LPN
ROBERTO MOLINA	<i>Roberto Molina</i>	SSA
RENEE DORRIS	<i>Reene Dorris</i>	ASSI
Julie Fuchs	<i>Julie Fuchs</i>	Payroll
Jessica Castillo	<i>Jessica Castillo</i>	PT
Marie-Jeanne Mayhew	<i>Marie-Jeanne Mayhew</i>	Rehab



REHABILITATION CENTER

Disaster Exercise Evaluation Tool

Section One - Description of Event

Date: 6/7/2017

- a. Internal Drill External Drill
- b. Actual Event
- c. Influx of Patients
- d. Communitywide
- e. Sustainability

Section Two - Exercise Scenario based on HVA Emergency

a. HVA Emergency (based on HVA)
 During our annual HVA it was noted with a high possibility of a hurricane and based on the HVA calculations scoring 30 has performed and conducted an internal exercise drill.

	HIGH	MED.	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD. DISRUP-TION	NO DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
NATURAL EVENTS													
Hurricane													

b. Exercise Scenario

Exercise scenario as follow; The B.E.M.A (Broward County Emergency Management Agency and the National Weather Service's has issued a hurricane warning for the Fort Lauderdale area in direct line.

Staff has been advised of the thread warning and all employees are to assume their responsibilities and prepare for evacuation if necessary.

Section Three - Identified Primary Monitor

Name: James Williams- Director of Engineering/Safety Officer
Marla Colon -/ Director of Nursing
Joselin Rosario - Director of EVS
Luis Ramirez - Director of PI/Risk Management

Department or Responsibility: ENGINEERING/ Safety
Cell phone [REDACTED]

Section Four – Response to Core Performance Areas				
	Excellent	Good	Opportunities for Improvement	Comments
Communication – including Activation of command structure Notification of staff Notification of external sources		Good	It was noted everyone communicated effectively however need to in-service and provide in-service of such.	Activation of Command structure was successful, notifying of staff was very efficient, notification of external sources was seen to be Implemented and follow through procedures and policy in place.
Resource and Assets – including Equipment Supplies PPE Transportation		Good	Although equipment, supplies, PPE and Transportation was readily available improvement are needed to manage resources and assets more organized	
Safety and Security- including Patients Staff Visitors Perimeter Access Entry Control	Excellent			It was noted staff take good responsibility in the safety and security of our patients, fellow staff members, visitors. Perimeter was controlled by Facilities Staff.
Staffing Roles and Responsibilities- including Adaptation to disaster role Wearing of identification	Excellent			It was noted staff carrying out their roles and responsibilities; all wore identification and assume their roles with much dedication to the cause.
Utility Management- including Uninterruptlons Supply	Excellent			All utilities have been checked for proper operation and the generator fuel tank is filled to capacity in case we lose power and do not evacuate
Patient Management – including Clinical activities Support activities Admissions activities Patient identification Patient tracking	Excellent			Patient management was dealt with an excellent timely manner, clinical, support, admissions departments we're managing their roles effectively, patient identification and tracking performed.

Section Five - Staff Knowledge				
Staff demonstrate knowledge of basic plan		Good		Staff at The Rehabilitation Center has demonstrated basic knowledge of the plan, however it is recommended to perform frequent In-service as well we have provided a copy of our EOP in each nursing station, supervisors office and admissions.
Staff demonstrate knowledge of location of Plans		Good	Need improvement	Plans will be distributed to all staff members as well in-service will be provided.
Staff participate in filling required alternate roles effectively		Good	Need Improvement	Although staff participation was good the need to in-service newly hired staff is necessary in order to effectively fill alternate roles.
Staff communicate effectively with administrative control team		Good	Need Improvement	

Comments:

1. Based on an HVA (Hazard Vulnerability Analysis) created by the multi disciplinary team and safety committee it was determined a hurricane would be a high disruption to our facility; we have performed an external disaster drill based on the HVA.
2. A simulation hurricane warning was announced throughout the facility, a category 5 hurricane is in direct line to the Fort Lauderdale coast area affecting our facility with winds in excess of 155 mph.
3. RCHH/LARKIN staff has been alerted with a severe weather code and all employees are to assume their responsibilities and perform according to the EOC plan.

4. The Safety Officer has activated the incident command system and the Executive board room has been designated as the Incident Command Post.
5. The Receptionist has announced "SEVERE WEATHER DRILL" through the over head announcement.
6. All business office and Administration staff immediate began to safe all data; unplug all electrical appliances and securing all files under lock and key. All non essential staff simulated going home until further notification from the Incident Commander.
7. The pharmacy immediately will place an emergency hurricane order which will be delivered contracted services as their contact will rush the order to the facility the next morning, as well already having stock at hand for immediate use.
8. The DON has contacted the pharmacy to assure medication is ready and available for up to 5 days if no evacuation is ordered and patients remain at the facility. CNO will initiate discharges for all patients able to go home, and have a place to go if the incident commander issues an order to evacuate, the DON and the risk manager will then contact the alternate care sites for available beds in order to transfer patients in need of immediate care and those patients in which have nowhere to go when discharged.
9. Human Resources Director began communication with Incident commander, as well locked all confidential employee records under key, also providing the employee contact list and providing support to the incident commander as needed, working with the CNO in order to have a back up staff if no evacuation is ordered in order to have the team in place be relieved for duty.
10. The Director of Risk Management began to communicate with Incident Commander and the Safety Officer, began to contact the alternate care sites to find out their status and number of beds we can utilize if need to transfer patients under the agreement in case of an evacuation is ordered by the Incident Commander. If the evacuation was ordered the Director of Risk Management would be begin the master head count, patients information records, evacuate to assigned alternate care sites with our staff, perform a walkthrough with the facilities Director and closed the facility. If no evacuation order is given the Director of Risk Management will acquire the staff list and make sure coverage is available working with all Department Heads and the Incident Commander to assure the sustainability of supplies is ready and available for immediate use if needed.
11. All the nursing staff directed by the CNO began to contact the Pharmacy to confirm all medication use for sustainability is in place if needed, the current staff will stay on duty until Team B arrives to relieve them of their duties if no evacuation is ordered. The Nursing staff in each unit has contacted Maintenance, housekeeping and dietary to make sure the water is ready to be distributed for consuming and for sanitary purposes if public water service is interrupted, clean linen and food for patients and staff.
12. Medical Records began to secure the, remove all files located within 4 feet of the ground shelving, move files from lower cabinets and proceed to evacuate if an order to evacuate is activated.

13. A&R began checking bed capacity, unplugging all computers and equipment, cover and lock all files, move files from lower cabinets and proceed to evacuate if an evacuation is activated.
14. Kitchen/Dietary – The dietary department began to prepare all dry and canned food in preparation of no evacuation is ordered, having water supply for drinking purpose ready and available for immediate usage if needed.
15. The Housekeeping Department began to prepare the distribution of hand sanitizer, sanitizing wipes, clean linen as well as having their materials ready and fully stocked to continue providing environmental services to our patients and staff.
16. Engineering began to simulate the preparation of shutters installation evacuation or not, removing all objects from the entire exterior of the facility in which can become projectiles due to high winds. If an evacuation was ordered by the incident commander the Plant Operations Director along with the Incident Command Structure in place will complete a final and thorough walk through, shut off all natural gas, power of all electrical panels including main feed, locking and securing the facility until further notification of the incident commander.
17. The Administrator/Incident Commander will have a recorded landline to inform all staff, patients, families, contractor and service providers of updates in regards to the operation of the facility.

Overall the Disaster drill was successful, the staff is aware of functions in order to have the EOP plan be effective.

Performance Area	Corrective Action	Responsible Person	
Communication	Provide a dedicated phone line with recording message and update information	Administrator/ Risk Manager / Safety officer/Facilities Director	
Resource and Assets	Provide central location and make staff aware of locations and supplies.	Safety Officer/Risk Manager	
Safety and Security	n/a	Safety Officer/ Director of Facilities'	
Staffing Roles and Responsibilities	Continue to provide training and in-service.	Safety Officer/Risk Manager/CNO/CEO /Director of Facilities	
Utility Management	Continue to monitor and provide all maintenance, keep acceptable fuel level for generator, and assure proper operation is available in case of actual emergency is present.	Director of Facilities	
Patient Management	Continue to in-service and provide constant training to staff in order to continue providing the same response.	Administrator /DON/Risk Manager/Safety officer/Director of Facilities.	

Section Six: Plan for Improvement

Section Seven: Secondary Monitors

Monitors:

1. James Williams
2. Jorge Carbella
3. Joselin Rosario

Completed by: James Williams Director of Facilities/Safety Officer Date: 6/7/2017

The Rehabilitation Center at Hollywood Hills

Education/In-service

Topic: _____ Date: _____

Facilitator: _____ Time: _____

Summary: _____

NAME	SIGNATURE	TITLE
Natasha Johnson	N. Johnson	CNA
Harrienne Sacks	Harrienne Sacks	CNA
Elie Succia	Elie Succia	LPN
Marie Geroyen	Marie Geroyen	CNA
Lindy [unclear]	Lindy [unclear]	LPN
Marie K. McLean	Marie K. McLean	CNA
Claudia Schimiste	Claudia Schimiste	CNA
Lynby [unclear]	Lynby [unclear]	CNA
Janice Isaacs	Janice Isaacs	CNA
Summer [unclear]	Summer [unclear]	CNA
Alana [unclear]	Alana [unclear]	CNA
Orlando Begon	Orlando Begon	RN / MD
Thos [unclear]	Thos [unclear]	RN
Jarment Couper	Jarment Couper	CNA
Rhoda [unclear]	Rhoda [unclear]	CNA
Raymond [unclear]	Raymond [unclear]	CNA
Dorlene [unclear]	Dorlene [unclear]	CNA
Socloro [unclear]	Socloro [unclear]	CNA
Socloro [unclear]	Socloro [unclear]	CNA
Ornel [unclear]	Ornel [unclear]	CNA
Marie [unclear]	Marie [unclear]	CNA
ROSA POLYCARPO	ROSA POLYCARPO	CNA
Isabelle [unclear]	Isabelle [unclear]	CNA
[unclear]	[unclear]	CNA
[unclear]	[unclear]	CNA
Widia [unclear]	Widia [unclear]	CNA
Madelin [unclear]	Madelin [unclear]	RN
Collazo [unclear]	Collazo [unclear]	RN
Eduardo [unclear]	Eduardo [unclear]	RN

Exhibit 3

****Resource Request/Task Assignment**

Table Name
Resource Request Table
User Name
ESF12
Position Name
BC Ops ESF#12 Water/Sewer Unit Leader
Incident
Hurricane Irma 2017
dataid
6500
entrydate
9/15/2017 8:28:13 PM
requestor_date_time
9/12/2017 7:26:36 PM
tracking_number
TR- 4038-09/12/2017
routing_rl
.ESF 12
d_1
Medium - next 2 to 6 hours
f_date_time_1
9/13/2017 1:34:00 AM
status
In Progress
total_deployments
assigned_to
.ESF 12
originating_position
BC Ops ESF#08 Health & Medical Documentation Unit Leader
time_completed
originating_name
tasha titus
subscribername
requestor_primary_contact
9548313809
requestor_secondary_contact
requestor_primary_email
tasha.titus@flhealth.gov
alternate_contact
alternate_primary_contact
alternate_secondary_contact
alternate_primary_email
delivery_address1
delivery_address2

delivery_city
deliver_state
FL
deliver_zip
primary_contact
tasha titus
resource_name
(Select)
unit
(Select)
quantity
0
coordinating_instructions
other_resource
resource_requested
(Select)
attachment_1
attachment_2
nims
(Select)
resource_name1
toggle_nims
attachment_3
task_desc_short
Nursing Home FPL Priority Request
task_description

The following nursing homes have been on generator power only for a prolonged period:
Rehabilitation Center at **Hollywood Hills**, LLC, 1200 N 35th Ave, Hollywood, FL 33021 (954) 981-5511: 140+ patients currently at facility Seaview Nursing and Rehabilitation Center, 2401 NE 2nd St, Pompano Beach, FL 33062 (954) 943-5100: 80+ patients currently at facility
Requesting Priority FPL Service Request. BC Ops ESF#08 Health & Medical Documentation Unit Leader - ESF8 at 15:26:36 on 09/12/2017 Update Contact Phone# BC Ops ESF#08 Health & Medical Documentation Unit Leader - ESF8 at 15:40:02 on 09/12/2017 Reported BC Ops ESF#12 Electricity Unit Staff - ESF12 at 00:00:20 on 09/13/2017 FPL is addressing in accordance with priorities BC Ops ESF#12 Drainage District Unit Leader - ESF12 at 08:16:20 on 09/13/2017 ESF #8 reports power restored to Seaview Nursing and Rehab BC Ops ESF#12 Drainage District Unit Staff - ESF12 at 18:24:13 on 09/14/2017 Per ESF8 telephone survey Seaview Nursing and Rehabilitation center in Pompano has FPL power restored . BC Ops ESF#12 Water/Sewer Unit Leader - ESF12 at 16:26:53 on 09/15/2017

requestbox
Yes
attachment_1_description
attachment_2_description
attachment_3_description
attachment_1_name
attachment_2_name

attachment_3_name
isRemovedResource

No

remove

recordHistory

Updated by: BC Ops ESF#08 Health & Medical Documentation Unit Leader - ESF8 at 15:26:36
on 09/12/2017 Status: Assigned Assigned to: .ESF 12 Updated by: BC Ops ESF#12 Electricity
Unit Staff - ESF12 at 00:00:20 on 09/13/2017 Status: Accepted Assigned to: .ESF 12 Updated
by: BC Ops ESF#12 Drainage District Unit Leader - ESF12 at 08:16:20 on 09/13/2017 Status: In
Progress Assigned to: .ESF 12

prev_status

prev_assigned_to

county_or_city

city_or_county

county

descriptionHistory

justification

task_description_update

routing_r2

delivery_first_name

delivery_last_name

delivery_phone

emc_tracking_number

County

Region

Region 7

agency

Broward County

agency_group

Agency - Broward County

BMSD

Stephen Burch

From: Upchurch, Atiba <[REDACTED]>
Sent: Thursday, February 1, 2018 3:25 PM
To: Stephen Burch
Cc: Journey, Mark
Subject: RE: PRR Hollywood Hills Rehabilitation center

Good afternoon Mr. Burch,

The "d_1" notation is notation in the database's programming for Priority status as assigned by the resource requestor: i.e. Low: next 6 to 12 hours, Medium: next 2 to 6 hours, High: within the next hour, etc. The next field "f_date_time_1" is the actual date and time assigned by the database based off of the chosen priority. Hence, it appears the initial request was entered at 9/12/2017 7:26:36 PM with an assigned priority of Medium. Medium is hardcoded with a 6 hour due date and time of 9/13/2017 1:34:00 AM.

From: Stephen Burch [mailto:stephen@smithlawtlh.com]
Sent: Thursday, February 01, 2018 1:58 PM
To: Upchurch, Atiba <AUpchurch@broward.org>
Cc: Journey, Mark <MJourney@broward.org>
Subject: RE: PRR Hollywood Hills Rehabilitation center

Thank you again for the quick response. In the Resource Request 3 document you sent me, it has a bunch of entries at the top. The two that are of interest are:

d_1
Medium - next 2 to 6 hours
f_date_time_1
9/13/2017 1:34:00 AM

Is there a manual or handbook that defines what "d_1" and "f_date_time_1" are? If so, can you please provide that to me? If not, do you know what those mean? Thanks.

Stephen Burch, Attorney

Smith & Associates
1499 S. Harbor City Blvd., Suite 202
Melbourne, Florida 32901

[REDACTED] (O)

[REDACTED] (Fax)

[REDACTED]; Website: www.smithlawtlh.com

3301 Thomasville Road, Suite 201
Tallahassee, Florida 32308

[REDACTED] (O)

[REDACTED] (Fax)

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From: Stephen Burch
Sent: Thursday, February 1, 2018 12:56 PM
To: 'Upchurch, Atiba' <[REDACTED]>
Subject: RE: PRR Hollywood Hills Rehabilitation center

Thank you!

Stephen Burch, Attorney
Smith & Associates
1499 S. Harbor City Blvd., Suite 202
Melbourne, Florida 32901
[REDACTED] (O)
[REDACTED] (Fax)
Stephen@SmithLawTlh.com; Website: www.smithlawtlh.com

3301 Thomasville Road, Suite 201
Tallahassee, Florida 32308
[REDACTED] (O)
[REDACTED] (Fax)

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From: Upchurch, Atiba [REDACTED]
Sent: Thursday, February 1, 2018 12:46 PM
To: Stephen Burch <[REDACTED]>
Subject: FW: PRR Hollywood Hills Rehabilitation center

Good afternoon Mr. Burch,

Attached are the additional documents associated with your earlier request associated with the health care facility.



Atiba Upchurch, **Emergency Management Specialist**
Environmental Protection and Growth Management Department
EMERGENCY MANAGEMENT DIVISION
201 NW 84th Ave | Plantation, Florida 33324
[REDACTED]

From: Stephen Burch [REDACTED]
Sent: Thursday, February 01, 2018 10:57 AM
To: Journey, Mark <[REDACTED]>
Cc: Upchurch, Atiba <[REDACTED]>; Stout, Leslie <[REDACTED]>; Geoff Smith <[REDACTED]>; Susan Smith <[REDACTED]>
Subject: RE: PRR Hollywood Hills Rehabilitation center

Mark:

I have received your CD. Thank you for the response. Looking through the emails you sent, I came across the attached email which mentions the WebEOC that would verify the dates and times of communications with the facility on September 12.

I believe these WebEOC entries would be responsive to our request. Can you please forward any WebEOC entries regarding the Rehabilitation Center at Hollywood Hills? Thanks.

Stephen Burch, Attorney

Smith & Associates
1499 S. Harbor City Blvd., Suite 202
Melbourne, Florida 32901

[REDACTED] (O)
[REDACTED] (Fax)

[REDACTED] Website: www.smithlawtlh.com

3301 Thomasville Road, Suite 201
Tallahassee, Florida 32308

[REDACTED] (O)
[REDACTED] (Fax)

The information contained in this transmission may contain Attorney-Client and other privileged and confidential information. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. To reply to our email administrator directly, please send an email to [REDACTED]

From: Journey, Mark [REDACTED]
Sent: Wednesday, January 31, 2018 3:21 PM
To: Stephen Burch <[REDACTED]>
Cc: Upchurch, Atiba <[REDACTED]>; Stout, Leslie <[REDACTED]>
Subject: PRR Hollywood Hills Rehabilitation center

Stephen: We are overnighting a CD and a few documents responsive to your public records request. The CD contains the results of a search for items and bullet numbers 3 and 5. A search was conducted for bullet 4 and no emails were found. We forwarded the response to bullets 1 and 2 by email yesterday. We are also forwarding additional documents pertaining bullet 2. If you have any questions, please feel free to get me a call.

Regards,



Mark A. Journey
Senior Assistant County Attorney
Office of the County Attorney
115 S. Andrews Avenue, Room 423
Fort Lauderdale, Florida 33301

Office
Facsimile

Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.

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Exhibit 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Rehabilitation Center at Hollywood Hills, LLC
(PTAN: 10-5021),

Petitioner,

v.

Centers for Medicare & Medicaid Services,

Respondent.

Date: April 28, 2018

Docket No. C-18-169

AFFIDAVIT OF DAVID DOSA

David Dosa, being first duly sworn, does hereby swear and affirm as follows:

1. My name is David M. Dosa, and I am over the age of 18, of sound mind, and have personal knowledge of the facts stated in this affidavit.
2. I am a Medical Doctor licensed to practice in the State of Rhode Island and Board Certified in Internal Medicine and Geriatrics.
3. I obtained a Bachelor of Science Degree in Biology from the University of Virginia in 1994, and then attended and graduated from Medical School at George Washington University in Washington, D.C. in 1998. I completed an Internal Medicine Residency at University of Pittsburgh, where I also completed my Fellowship in Geriatric Medicine from 2001-2003. I also was awarded a Master's of Public Health degree from the University of Pittsburgh in 2003.
4. My professional career since 2003 has focused primarily upon issues pertaining to geriatric medicine, including as a practicing physician, an educator, a writer, and a published public health care researcher. I currently serve on the faculty of Brown University, at the Center for Gerontology and Health Care Research.
5. A copy of my Curriculum Vitae is attached as Exhibit 4 and provides a more detailed summary of my Education, Post Graduate Training, Post Graduate Awards and Honors, Professional Licenses and Board Certification, Academic Appointments, Hospital Appointments, Other Appointments (including skilled nursing facility and other long-

term care), Hospital Committees, University Committees, Membership in Societies, and Academic, Peer Reviewed, and other Publications, Abstracts and Presentations.

6. Over the past decade I have conducted substantial in-depth academic research, and have published peer reviewed clinical articles on, among other topics, issues pertaining to Geriatric Medicine, Impacts of Natural Disasters on Nursing Home Patients, and Impacts on Elderly Residents of Transitions in Care. I have testified as an expert witness in judicial and administrative hearings, and have presented testimony to the U.S. Congress addressing these issues.
7. As a practicing Geriatrician, I have routinely treated patients who reside in skilled nursing facilities, and I have served on the Board of Directors for a skilled nursing facility in Rhode Island. I am familiar with accepted standards of care, and accepted practices for nursing homes, including assessing the risks and benefits of evacuation or transferring residents in response to a natural disaster such as a hurricane.
8. As an Educator, I have served as faculty for multiple courses and clinical rotations for medical students, residents, and as an instructor for people seeking non-medical degrees in health care administration and leadership. I currently run the research focus for the geriatric fellowship and geriatric psychiatry fellowships for Brown University at Rhode Island Hospital and Butler Hospital. I also run the Brown University course on healthcare regulation. For approximately the last five years I have taught in the Executive Master's for Healthcare Leadership, including specifically courses on healthcare regulation. This has allowed me to work with people from different disciplines, including people who have worked at various levels in healthcare provider organizations and who have gone out into the world and now are coming back to get their Master's Degree later in life.
9. Although the majority of my published literature has been for academic peer reviewed journals, I also had the good fortune to write an article that was published in the New England Journal of Medicine about "Oscar the Cat." The article discussed observations about a cat that works as a companion animal at one of the nursing homes where I have practiced and was rumored to have death predicting abilities for end of life dementia patients. That Article lead to my "15 minutes of fame" in 2010 as the author of a New York Times Best Selling book that expanded on the Article and is entitled Making Rounds with Oscar: The Extraordinary Gift of an Ordinary Cat. The book is actually less about the cat and more about my own experiences as a geriatrician in working with end of life patients in nursing homes and the complex types of patients that you see at nursing homes.
10. In the fall of 2017, I was contacted by representatives of the Rehabilitation Center at Hollywood Hills to review materials concerning the impacts of Hurricane Irma, and the deaths of several residents that occurred at the nursing home facility and in hospitals or hospices in the days following evacuation of the nursing home in the wake of Hurricane Irma. The issues presented were of interest to me given my substantial research into issues regarding the impacts of hurricanes on morbidity and mortality among elderly nursing home residents.

11. I have reviewed extensive documentation about the events at Hollywood Hills concerning the impacts of Hurricane Irma. I also toured the Hollywood Hills facility in December 2017. Documents that I have reviewed include:
 - a. The State and Federal Survey Forms 2567 with Statements of Deficiencies
 - b. Broward County Medical Examiner Reports for each of the eight resident deaths referenced in the Survey
 - c. Medical Records contained within the Medical Examiner files for each of the eight resident deaths referenced in the Surveys
 - d. Report of Dr. Jeffrey Jentzen, a Clinical Pathologist concerning the eight residents' deaths.
 - e. A Timeline of events prepared by Hollywood Hills representatives
 - f. A Phone Call log prepared by representatives of Hollywood Hills
 - g. A Time Line and Press Release by Florida Governor Rick Scott's Office
 - h. Deposition testimony of Dr. Kathryn Hyer
 - i. Deposition testimony of Dr. Nanette Hoffman
 - j. Some security camera video clips from Hollywood Hills
 - k. Research Articles that are attached hereto as Exhibits 49-63
12. In my opinion, based upon review of all the documentation available to me, I believe that the administrators and staff of Hollywood Hills acted reasonably and appropriately in response to the loss of its air conditioning chiller after Hurricane Irma.
13. The decision to shelter in place rather than to evacuate the nursing home is supported by extensive peer reviewed academic research published in national journals over the past decade, including my articles on which I am the lead or contributing author.
14. Attached at Exhibits 49-60 are copies of some of the academic research that supports that the accepted practice for nursing home providers responding to a hurricane emergency is to shelter in place until you can no long shelter in place.
15. One area of research conducted was qualitative investigation and interviews with the nursing home facilities impacted by a major hurricane. Following Hurricane Katrina, my colleagues and I interviewed nursing home administrators about their experiences during the storm. Across the board, these interviews revealed that administrators wrestled with the important decision of whether to evacuate their residents for a storm or to "shelter in place" during a hurricane. Administrators noted to us that they were "damned if we do and damned if we don't" in terms of the decision to evacuate. They cited pressure from emergency managers to leave their homes despite the difficulties of evacuating frail older adults on school buses to high school gymnasiums – often without adequate staffing and supplies. In general terms, many administrators noted that they saw patients decline, staff endure injuries moving residents, and believed more casualties occurred if they evacuated than if they remained in their own facility.

16. This initial work became the impetus for a National Institutes of Health sponsored study that evaluated the effect of Hurricanes Katrina (2005), Rita (2005), Gustav (2008), and Ike (2008) on nursing home residents. This research eventually showed that among 36,389 nursing home residents exposed to the Gulf hurricanes, the 30 and 90 day mortality/hospitalization rates increased considerably compared to non-hurricane control years **regardless of whether they evacuated or sheltered in place**. While everyone suffers in disasters, our data indicate that exposure to natural disasters, such as Hurricanes Harvey or Irma, clearly results in excess death and hospitalizations among frail nursing home elderly populations.
17. Thus, one conclusion of our research is that hurricanes in and of themselves are expected to result in an increase in morbidity and mortality among nursing home residents. To date, Florida has not evaluated the full impacts of Hurricane Irma on nursing home residents. However, based upon my past research, I have no doubt that when the data is fully and fairly analyzed there will be increased morbidity and mortality among nursing home residents as a result of this natural disaster -- not just at Hollywood Hills, but across the board at nursing homes -- as the data shows that increased mortality and morbidity is strongly correlated with hurricane events.
18. Our research, however, does more than simply evaluate what impacts hurricanes have on nursing home residents in terms of morbidity and mortality. We also asked the simple question: Is it better to evacuate or shelter in place? Using the data from the four storms and some methodological techniques described more fully in our research, we concluded that **the very act of evacuation increased the probability of death at 90 days by 2.7-5.3% and increased the risk of hospitalization by 1.8-8.3 %, independent of all other factors**.
19. Stated another way, our research demonstrates that for every hundred residents who evacuate a skilled nursing home, there will be an expectation of 3-5 additional deaths and 2-8 additional hospitalizations above the elevated mortality and morbidity experienced by nursing home populations during a hurricane. This is why I often caution policy makers and nursing home representatives that the decision to evacuate a nursing home is one that comes with a body count.
20. It should be noted that this research data took into account "mass casualty" type of incidents where multiple deaths occurred in a nursing home that failed to evacuate its residents. Two well-known instances of multiple deaths occurring at nursing homes that failed to evacuate are at St. Rita's and Lafon nursing homes in Louisiana during Hurricane Katrina. Even when considering these deaths among the data for nursing home residents that sheltered in place rather than evacuating, the danger of evacuation was still higher for the cumulative data we reviewed across four hurricanes. **Thus, despite these tragic multiple death events at nursing homes that sheltered in place, evacuation still proved to be cumulatively more dangerous than sheltering in place.**
21. The decision of Hollywood Hills to shelter in place during and after the hurricane was the right decision based upon our research. With a census of approximately 140 residents,

the expectation would be that the act of evacuation would likely result in 5-10 excess deaths, and multiple additional hospitalizations.

22. I have reviewed the patient records contained within the Medical Examiner's regarding eight Hollywood Hills residents who it is alleged died due to environmental heat exposure or heat stroke. I concur with the report of Dr. Jeffrey Jentzen, a clinical pathologist, that deaths included in that number are likely substantially overstated as being due to heat conditions. One example I noted was a 99-year-old hospice patient who was expected to die from her terminal illness and was placed on "crisis care" by her treating physician on the day before she died. She died with a hospice nurse at her bedside. This appears to have nothing at all to do with the temperature within the building. Other patient records I reviewed did not demonstrate a clear connection to temperature in the building and may have been related to the stress of the hurricane and subsequent evacuation.
23. One problem for facilities contemplating evacuation in advance of a storm is that hurricanes often deviate from their expected paths after the decision to evacuate must be made. In general, safe evacuations must occur at least 48-72 hours before landfall. Unfortunately, hurricanes make last minute turns and speed up or down. Hurricane Irma was expected to be a category 4 making landfall near Miami. Many nursing homes evacuated west only to be evacuated a second time as Irma's path moved westward and threatened the very areas that residents had evacuated to.
24. Another well documented problem with evacuation is that the evacuation of frail older adults is a logistics nightmare and requires exquisite planning prior to the event. Even under the best-developed emergency plans, evacuations create anxiety for both residents and staff that are associated with serious adverse outcomes.
25. It is also well documented in geriatric medical literature that older adults are susceptible to adverse outcomes whenever they transition from one environment to the next – even under optimal circumstances. Safe transitions require optimal communication among providers, keen knowledge of the patient, and access to medical records, correct medications, and appropriate supplies. In emergencies, transitions are seldom ideal, and we have shown the consequence of such forced transitions in our hurricane research. This is sometimes referred to as "transfer trauma" and "transfer stress." It is commonly recognized that transfer of frail elderly residents runs a substantial risk of adverse outcomes.
26. Older adults with dementia represent a particular hardship for evacuating facilities. Without the cognitive ability to follow directions, or participate in their own self-care, research shows that residents with dementia suffer significantly during evacuations.
27. Common comorbidities among nursing home residents, such as Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and various Cardiovascular Diseases, are particularly vulnerable to the adverse consequences of transfer or evacuation. Any upset

in the normal treatment and care protocols can have dire consequences in these types of patients.

28. The standard of care for responding to natural disasters such as hurricanes is for nursing homes to shelter in place until they can no longer do so. There is some literature to suggest that we may one day develop to a standard of care to conduct "nuanced" or "triaged" evacuation by assessing patients and selectively evacuating only the most vulnerable to the loss of power, heat or other conditions likely to occur during or in the aftermath of a hurricane. However, based upon my research, this is not the standard of care anywhere in the United States currently, and it will likely take years to try to develop protocols that would implement this approach. One substantial stumbling block is that the very conditions and comorbidities that make patients more vulnerable to heat or humidity also make the same patients more vulnerable to adverse outcomes due to transfer stress or transfer trauma.
29. In my opinion, Hollywood Hills' staff correctly sheltered in place based upon all of the strong clinical evidence that this is the reasonable and appropriate response. It is my understanding from the materials I reviewed that Hollywood Hills monitored their residents, provided hydration to the residents, and attempted to provide substitute cooling for the facility through the use of fans and portable coolers. When any resident showed signs of distress, Hollywood Hills responded reasonably and appropriately by calling 911 for assistance. Even as a very well-educated, knowledgeable and experienced geriatrician, I cannot say that I would have done anything differently if I had been the person making decisions for Hollywood Hills as to whether to shelter in place and await the restoration of power to the air conditioning or to transfer and evacuate 140 frail elderly people. It's a Hobson's choice, but I believe firmly that Hollywood Hills' staff acted correctly in responding to the situation created by a natural disaster.
30. A final conclusion of our research is that we should avoid the temptation to second guess or engage in Monday morning quarterbacking when assessing the reasonableness of actions taken by nursing home administrators in good faith while trying to do the best for their patients in the time of natural disasters. I believe this case is very illustrative of that point. Politicians and the news media have sensationalized the tragic events with a mindset of "heads must roll." I believe that the tragedy of the events that occurred will only be compounded by imposing punitive measures against a well-intentioned nursing home provider. This will send a terrible message to facilities in the future, and may actually have the negative unintended effect of encouraging unnecessary and dangerous evacuations that result in increased mortality and morbidity.

FURTHER AFFIANT SAYETH NAUGHT.

D. D. Dosa

Rhode Island
STATE OF ~~FLORIDA~~
COUNTY OF ~~HILLSBOROUGH~~
Bristol

BEFORE ME, the undersigned authority, personally appeared *Dad Dosa*, who is personally known to me, or who produced *RIDL* as identification, and who under oath says that the foregoing statements are true and accurate.

Sworn to and subscribed before me this *28th* day of *April*, 2018.

Kyle LaMarine
Notary Public, State of Rhode Island
My Commission Expires July 9, 2018
Notary # 758840

[Signature]
Signature of Notary Public

Kyle LaMarine
Name of Notary Public

July 9, 2018
My commission expires: (seal)

Exhibit 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Rehabilitation Center at Hollywood Hills, LLC)	
(PTAN: 10-5021),)	
)	
Petitioner,)	Date: April 29, 2018
)	
v.)	
)	Docket No. C-18-169
Centers for Medicare & Medicaid Services,)	
)	
Respondent.)	

AFFIDAVIT OF DENNIS S. MILETI. PHD.

Dennis S. Mileti, being first duly sworn, does hereby swear and affirm as follows:

1. My name is Dennis S. Mileti, and I am over the age of 18, of sound mind, and have personal knowledge of the facts stated in this affidavit, or I have reviewed documentation and conducted interviews that have enabled me, along with my education training and experience, to express the opinions set forth herein.
2. I am an expert in sociology and in the specialization of emergency management preparedness, planning, disasters and risk communication. I, and other experts in my field, analyze human behavior and whether or not people act reasonably in disaster circumstances in the context of what individuals are provided or should be provided by experts in emergency management.
3. I received my Ph. D. in sociology in 1974 from the University of Colorado at Boulder and have been involved in the study of and practice of emergency management in this nation and several others for 45 years. A copy of my C.V. is attached hereto as Petitioner's Ex. 69. The information in Petitioner's Ex. 69 is accurate and I incorporate the information contained therein as part of this sworn affidavit.
4. The Natural Hazard Center at University of Colorado-Boulder is our Country's national center and clearinghouse for all research related to human behavior regarding natural hazards, as well as other hazard types, and has been since the mid 1970's. It holds an annual workshop that brings together members of different federal agencies who focus on

natural hazards mitigation and preparedness as part of their mission, as well as the research community. I held the position of Director of the Natural Hazard Center at University of Colorado-Boulder from 1994 to 2003.

5. Since retirement from the University of Colorado, I have participated in a variety of different activities. For example, I am on the Federal Emergency Management Agency's (FEMA) National Advisory Committee, the Subcommittee on Warnings. I held a major consulting role with the US Army Corps of Engineers and authored the Emergency Management Guidebook for the Army Corps of Engineers, which addresses multiple aspects of emergency management and preparedness as it particularly pertains to evacuation around dams and levees. FEMA's headquarters in Washington D.C. reviewed my guidelines and adopted them. I was also an expert in the St Rita's Nursing Home trial, in New Orleans, where 35 residents died as a consequence of Hurricane Katrina.
6. In 2018, I was honored by receiving an award from the International Society of Integrated Disaster Risk Management. The award was for my contributions in bringing academic research into practice in the field of Emergency Response and Management.
7. In 2018, I was also invited by FEMA to Washington D.C. to give its first Prep Talk. Prep Talks are filmed by FEMA and shown to emergency managers throughout the Country as part of their training. I'm proud to say, mine went viral.
8. I have used my expertise in natural hazards emergency planning/management in evaluating the events, actions, and consequences of Hurricane Irma to the incidents that occurred on September 13, 2017, at the Rehabilitation Center at Hollywood Hills ("Hollywood Hills"). My opinions expressed in this Affidavit and are held by me to a reasonable degree of certainty.

**HOLLYWOOD HILLS' PROTECTIVE ACTION CHOICE WAS REASONABLE
AND SHOULD HAVE BEEN ANTICIPATED**

9. In general, there are two protective actions that nursing homes can take when faced with the pending impact of a natural disaster like Hurricane Irma. They must decide whether to shelter in place or evacuate. Hollywood Hills was not in a mandatory evacuation zone, so the decision to shelter in place was reasonable and consistent with what similarly situated nursing homes in Florida decided to do.
10. Research demonstrates evacuating nursing homes imposes risks to the health and safety of residents due to transfer trauma, and the inherent difficulties associated with transporting frail elderly people. Hence, most of the time, nursing homes decide to shelter in place. The mantra espoused by two of the leading researchers who have published on the increased risks to nursing home residents associated with evacuation in hurricanes, Dr. David Dosa and Dr. Kathryn Hyer, is: "Shelter in place, until you can no longer shelter in place."

11. This is exactly what happened in Florida with Hurricane Irma. Only 79 out of 683 nursing homes and 463 out of 3,109 assisted living facilities evacuated pre-storm. Despite pervasive power losses throughout the State, very few nursing homes or assisted living facilities opted to change that decision and evacuate post-storm. The Agency for Health Care Administration's ("AHCA") data shows very few post-storm evacuations, despite an unprecedented number of facilities losing power due to the strength and massiveness of the storm's wind field, which essentially impacted the entire State. Petitioner's Exs. 91 and 92. Notably, even for facilities that evacuated pre-storm, many had to return to facilities that had lost power before the power was restored. Petitioners Ex. 76.
12. It is my opinion that given the research on harmfulness of evacuating nursing home residents and looking at what others who were similarly situated did, I believe it was both reasonable and should have been anticipated that Hollywood Hills would decide to shelter in place during Hurricane Irma. The decision to continue to shelter in place after the storm, on its face, without additional proof of its unreasonableness, also seems reasonable and should have been an anticipated decision by local and State emergency management planners.

**THE LACK OF PROPER GUIDANCE FROM THE LOCAL AND STATE
EMERGENCY PLANNERS CAUSED COMMUNICATION BREAKDOWNS**

13. Accepted wisdom among emergency planners is: "Emergency planning works, but not planning does not work well." This means failing to adopt clear guidelines with specific circumstances that indicate specific actions leads to improvised/ad hoc decision making, which in most instances is not as good as following a vetted predetermined course of action that has been carefully thought out in advance of the disaster situation arising. Improvised/ad hoc decision making during an emergency or disaster is not as reliable as critical thinking done by experts in advance.
14. Emergency planners know the failure to provide a clear definitive course of action slows reaction times to make decisions and does not allow for appropriate pre-disaster training. Likely impacts include: (1) having people perform emergency duties for which they were not trained; (2) deviating from plans and procedures for which they may have been trained; (3) displacing standardized practices; and (4) displacing skilled and trained professional emergency managers from their emergency roles and substituting people who are not qualified in their place.

A. Failure to Have One Emergency Number Was Poor Emergency Planning:

15. Rule number one in emergency plan design is you do not give multiple alternate emergency call numbers as the course of action to be followed by the person needing emergency help. The call for help is the primary way emergency responders know someone needs emergency assistance. If you give multiple possible phone numbers, there will be confusion on which one to call, creating a decision point or potentially delaying further action while multiple calls are made to all of the numbers. A person in an emergency situation needs one number to call; this eliminates the decision or potential delay of

multiple calls. It is far better to have one number to call and then use all other resources to create redundancy backing up that one number and making sure the people answering the phones at that number are well trained. This also makes training the anticipated callers much easier because there is only one right answer, instead of multiple correct options. 911 is a perfect example; the public knows, if you have an emergency, you call 911. The trained person answering the 911 phone call then determines which resources need to be contacted to respond to the emergency.

16. Here the State officials holding the pre-storm hurricane preparation calls with the nursing home industry administrators, did not adhere to this. Instead they started giving out multiple personal cell phone numbers, including the Governor giving his own personal cell phone as the ultimate “fix it button” if other improvised/ad hoc calls did not resolve the problem. While well-intentioned, I’m sure, the flaw in this process is individual’s cell phones are not as reliable as one main number, with an adequate number of lines and people to answer the calls, where a trained person is sitting ready to handle the emergency. The flaw in the cell phone “fix it button” is illustrated by a study showing one-third of the people who called the Governor’s cell phone for help during or after Hurricane Irma were disappointed in the response. Many had the same experience as Hollywood Hills, which was essentially a failure to respond. Petitioner’s Ex. 94.
17. Clearly, there was a communication breakdown between Hollywood Hills and the people who had the ability to resolve their emergency situation by getting power to the chiller restored. After the crisis at Hollywood Hills, it only took 25 minutes for FP&L to fix the displaced fuse and resolve the lack of power to the chiller, which happened within hours after the evacuation. Whatever resource was able to make that occur at that point, should have been the resource that was used to make it happen much sooner.
18. In this instance, Hollywood Hills shared a building with a licensed hospital and should have had “priority” restoration. I have seen documentation from the State emergency operations center that indicate Hollywood Hills was made a priority on September 12, 2017, at a status level which should have ensured power restoration before 1:00 a.m. on September 13, 2017, which is prior to any residents going into distress. Petitioner’s Exs. 21 and 71. I have not seen any documentation of why this did not occur.
19. Overall, it seems the State emergency planning officials failed to recognize that given the inherent dangers in evacuating nursing home residents, they needed to ensure that all nursing homes would receive priority power restoration.
20. I interviewed Jorge Carballo and Natasha Anderson (the administrator at Hollywood Hills and the CEO of the behavioral health hospital that shared the building with Hollywood Hills). It is my expert opinion based upon years of studying how people react in emergency situations and how to plan for that, the Hollywood Hills’ staffs’ decision-making process was hindered and delayed by the communications breakdowns discussed herein. The lack of one clear communication channel, with resources to back it up, the Hollywood Hills’ staffs elevated expectations that the Governor was going to do what he said he would do and resolve the problem, and getting mixed signals from the numerous

people they reached out to for help significantly impacted their decision making process. The only clear guidance they received was from AHCA, who told them they were going to fix the problem by escalating their priority status, and in the interim, if any residents experienced emergency conditions to call 911; which is what they did.

21. It is my opinion that Hollywood Hills' actions were reasonable and foreseeable given the lack of clear guidance on whom to call and especially in light of the Governor providing his cell phone as the "fix it button" and AHCA advising them to call 911. I think most people would think given the Governor's pre-storm assurances that the Governor would be able to get FP&L to fix the power to the chiller quickly, especially given the simplicity of the problem.

B. Failure to Follow-up on Emergency Calls is a Communication Breakdown:

22. I reviewed a 911 call made by the local emergency management operations center (Local EOC) at approximately 7:00 a.m. on September 13, 2017. In this call, the official from the Local EOC indicates three important things: (1) the Local EOC had been contacted the day before about the emergency need to restore power to the chiller by the facility; (2) the Local EOC had failed to follow up on that call because he states he does not know what happened after they put in the priority restoration ticket; and (3) the Local EOC was calling 911 because he did not know who else to call, which indicates either poor training or poor planning. Petitioner's Ex. 73.
23. The failure of the Governor to follow-up on 5 calls to his personal cell phone and to instead delegate those calls to AHCA, without instructing them on how to handle the calls or having any specificity at all in the information documenting the calls, erasing the voicemails, and not having any designed follow-up system to see if responses were adequate to resolve the problem caused significant communication breakdowns and precluded Hollywood Hills from getting the response it needed. Petitioner's Exs. 91 and 94.
24. Most emergency management agencies engage in a standard practice after major disaster events. Post-audits (sometimes called "after-action reports") are conducted to assess what worked and what did not to assemble major and even minor lessons learned to transfer to future emergency planning efforts. Conducting these post-audits is standard emergency management practice across the Country. Consequently, I was surprised to learn that hurricane response telephone conversations recorded in the Governor's cell phone voicemails from Hollywood Hills had been deleted from the Governor's cell phone. Deleting information breaches standard emergency management protocol and practice regarding preserving and documenting what occurred to learn from it how to respond better in the future.
25. My ultimate opinion with regard to the lack of follow-up and other deficiency discussed above is that the State's emergency planning system failed Hollywood Hills.

Hollywood Hills CEMP was Approved by Broward County and Satisfied the Inadequate Requirements of the State of Florida

26. Most states require nursing homes to have an emergency plan covering various types of emergencies and certain natural disasters. Florida requires nursing homes to have a Comprehensive Emergency Management Plan (CEMP). Hollywood Hills had a CEMP that was approved by Broward County, signed off on by AHCA, and that met all of the local and State regulatory requirements. Petitioner's Ex. 20.
27. However, Florida failed to develop any criteria requiring nursing homes to have generator power that could support air conditioning. Short of that, Florida needed to plan for the possibility of heat issues accompanying loss of power and to have implemented standards of how long a facility can shelter in place without air conditioning, or other bright-line rules as to when a facility needs to evacuate if it loses air conditioning. The state's failure to have such guidelines or requirements resulted in improvised/ad hoc decision making because each facility was left to determine when it could no longer shelter in place. Part of the difficulty in setting bright-line rules is that research on when to stop sheltering in place or how to selectively evacuate patients pre- and post-storm is lacking. However, where the research is not clear, and issues are murky, it is even more important for the State to draw clear bright-lines instead of putting its head in the sand and leaving up to the industry to figure it out through improvised/ad hoc processes, that may or may not be best practices. The State is in far better position to work through the lack of clear research than the facilities are in the time of crisis.
28. It is my opinion that Florida needs to adopt clear guidance on when nursing homes should evacuate. I understand this incident prompted new legislation requiring nursing home to have generators sufficient to power air conditioning or substitute cooling sources. This is a good step in the right direction. However, the State also needs to adopt backup guidelines clearly indicating what to do if, for example, the generator fails. The State should also make sure all nursing homes have priority status for power restoration. The State needs to have one designated number to contact in an emergency, ensure the person answering the emergency call is trained and has the ability to contact the resources need to respond to the emergency, and implement a system of checks and balances to follow-up on the emergency to ensure the problem was resolved.

THE SUGGESTION HOLLYWOOD HILLS SHOULD HAVE EVACUATED TO MEMORIAL REGIONAL HOSPITAL IS PROPOSTEROUS

29. The statement of deficiencies references the hospital across the street as a place where Hollywood Hills could have evacuated to avoid these deaths. The role of acute care hospitals is to treat patients with acute or emergent care needs. It is very poor emergency planning to use an acute care environment such as a hospital, which is by its nature a limited resource in a disaster, to provide a place for people who simply need air conditioning and do need acute medical care.

30. Memorial Regional also did not have capacity to accept Hollywood Hills residents as is evidenced by the fact that these residents were bussed to numerous other facilities and hospitals throughout the County. Petitioner's Ex. 40.
31. I think it is a preposterous suggestion to think this tragedy could have been avoided by Hollywood Hills moving all of its residents to Memorial Regional Hospital because the air conditioning went out. Hollywood Hills did not act unreasonably by not doing this.

**HOLLYWOOD HILLS ACTED REASONABLY AND APPROPRIATELY GIVEN
THE STATE'S POOR COMMUNICATION PLAN AND THE LACK OF CLEAR
REGULATORY GUIDANCE**

32. I believe Hollywood Hills did a phenomenal job of improvise/ad hoc decision making under these unprecedented circumstances with a storm of this magnitude and the poor communication system and lack of guidance under Florida laws and regulations. Some of the things I thought were good emergency improvised/ad hoc planning included: (1) procuring in advance alternate cooling devices such as spot coolers and fans; (2) lowering the air conditioning temperature in the building before the storm; (3) deploying the alternate cooling devices when the AC was lost; (4) making multiple calls to FPL, the Local and State Emergency Operations Center, ACHA, and the Governor; (5) increasing monitoring residents and providing them additional hydration; and (6) having patients checked by third party physicians (Dr. Evancho, Dr. Cadogan, and Brian James). It is my ultimate opinion that Hollywood Hills acted reasonably and appropriately under the circumstances, and if blame must be cast beyond the fact that this was a natural disaster, I believe the State of Florida should be culpable for its multiple systemic emergency management planning failures. The brave and dedicated staff of this nursing home, who stayed during a natural disaster to care for frail elderly residents, are every bit the heroes are the first responders or others who served others during this storm. I think the Hollywood Hills staff did the best they could in a disaster. It would be unreasonable to ask more of them, without giving them a properly designed emergency management system.

FURTHER AFFIANT SAYETH NAUGHT.

Dennis Miletich

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

BEFORE ME, the undersigned authority, personally appeared Dennis S. Miletich who is personally known to me, or who produced CDL as identification, and who under oath says that the foregoing statements are true and accurate.

Sworn to and subscribed before me this 29 day of April, 2018.

JH Bergstrom
Signature of Notary Public

JH Bergstrom
Name of Notary Public

My commission expires: (seal) 6/20/2021

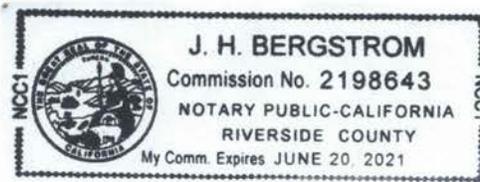


Exhibit 6



Jorge Carballo, MBA, NHA, LHRM

E-MAIL: [REDACTED]

EXECUTIVE PROFILE

Over 15 years of hospital and nursing home administration complemented by 10 years progressive leadership experience in ambulatory surgery operations, senior health executive with Financial Management / General Management / Executive / Administration / Marketing / Strategic and Operational Planning / Performance Improvement / Network Development / Medical Staff Relations and Recruitment; seeking a challenging and rewarding position that will leverage my expertise and knowledge in healthcare services.

EXPERIENCE

Administrator / CEO
Rehabilitation Center of Hollywood Hills
Licensed Administrator of a 152 bed Skilled Nursing Facility
2/1/16 to Present

Responsible day to day functioning of the Skilled Nursing Facility, profit and loss responsibility and compliance with all State and Federal regulations.

- Successful passing of all State and Federal annual survey within weeks of joining the facility
- Strong leadership, staff and Physician team building relations
- Leading to maintain higher family satisfaction scores and staff retention
- Increased short-term skill mix and managed care mix
- Experience with specialized Alzheimer's and Dementia Care and sensitive to residents and family needs
- Solid, comprehensive understanding of PBJ, ePOC, MDS 3.0 and PPS, maximizing reimbursement

Director, Center for Advanced Orthopedic
Larkin Hospital, South Miami, Florida
12/1/14 to 2/1/16

Manage all day to day aspects of an Orthopedic Hospital based resident teaching specialty ambulatory clinic practice and surgery that performs over 3,600 clinic visits and 350 major surgeries a year in three operating rooms. Oversee accounting functions and management of cash flow, accounts payable, accounts receivable, collections, inventory control and payroll. Reporting directly to the Chief Executive Officer, reporting of key financial metrics and clinical metrics. Develop processes and procedures to grow the practice, recruit surgeons, manage risk and establish first class healthcare delivery in a Hospital based and Ambulatory setting. Total of 40 FTE's and 3 direct reports with 10 million in revenues.

Assistant Administrator
Susanna Wesley Health & Rehabilitation Center, Hialeah, Florida
6/1/14 to 11/30/14

State approved program for licensing in Florida, completion October 2015
Nursing Home License in New York State since 1996

Managed day-to-day operations, ensuring patient centered quality care, while exceeding budget income projections in the new MDS 3.0 environment

**Chief Executive Officer
Palm Springs General Hospital, Hialeah, Florida
07/05/12 to 5/30/14**

Responsible for day-to-day operations of a 247 acute bed private hospital, providing 25,000 emergency visits and 7,500 inpatient admissions, intensive care, cardiac care and medical surgical services. Accountable for planning organizing and directing the hospital strategic plan to ensure quality patient care is provided while maintaining the financial integrity of 60 million in revenues. Ensure compliance with applicable laws and regulations as well as all policies and procedures set forth by the Governing Board and Medical Staff, and those required by Joint Commission and AHCA standards. Responsible for creating an environment and culture that enables the hospital to fulfill its mission by meeting and exceeding its goals, conveying the hospital mission to all staff, holding staff accountable for metrics and performance, motivating staff to improve performance and exceed expectations.

- Ensure facility is in full compliance with Federal and State licensing regulations and certification standards
- Passed October 2012 Deemed Joint Commission three year accreditation without deficiencies
- Passed multiple AHCA surveys and Life Safety without deficiencies
- New Service Line Cardiac Service and Catheterization program adding net income 700K 1st year
- Generated 3% increase in admission from new physician recruits
- Developed/implemented new Stroke Center and Colon-Rectal service line
- Negotiated several major contracts to become in network provider and increase foot print
- Established relation referral and communication with surrounding SNF and ALF centers
- Implemented Wound Care /Surgical Care Clinic
- Recruited surgeons and new physicians with mid level providers to increase census in the hospital
- Develop Physician Management Program to collaborate and meet hospital needs
- Implemented voluntary task force of the AHCA 30 day readmission pilot program

**Administrator/CEO
Broward Specialty Surgery Center, Hollywood, FL
11/2011 to 7/3/12**

Manage all day to day aspects of a start-up multi-specialty ambulatory surgery center performing over 3,000 cases a year in three operating rooms and 2 procedure suites. 10 Physician owners and a Corporate Partner. Oversee all aspects of the Business Office functions, management of cash flow, accounts payable, accounts receivable, collections, inventory control and payroll, revenues of 10 million. Reporting directly to the Executive Board of Managers and Executive Vice President of Operations for ASCOA, responsible for all financial metrics and clinical metrics. Develop processes and procedures to manage risk and establish first class healthcare delivery in an Ambulatory setting. Total of 40 FTE's and 2 direct reports.

- Ensure facility is in full compliance with Federal and State licensing regulations, Medicare certification standards and JC
- Coordinate and finalize negotiations of several major contracts to become in network provider
- Adoption of new Culture, Mission and Values under ASCOA model
- Recruitment of new physicians to fill open block time and increase volume
- Increase branding and awareness in a competitive market by working closely with physicians and exceeding expectations
- Ability to take initiative and exercise independent judgment, decision-making, and problem solving expertise
- Ensure facility is in full compliance with State licensing regulations, Medicare and Joint Commission

**Metropolitan Surgery Center, Hackensack, NJ
1/2011 to 11/2011**

Manage all day to day aspects of a multi-specialty ambulatory surgery center that performs over 4,000 cases a year in three operating rooms. Oversee accounting functions and management of cash flow, accounts payable, accounts receivable, collections, inventory control and payroll. Reporting directly to the Executive Board presentation of key financial metrics and clinical metrics. Develop processes and procedures to manage risk and establish first class healthcare delivery in an Ambulatory setting. Total of 50 FTE's and 3 direct reports with 20 million in revenues.

- Brought in as consultant by the Bloom Organization to assume administrative responsibilities of the operation
- Implemented a billing and collection team through a transitional period of syndication
- Manage and direct staff through a period of turmoil with the sudden loss of their Administrator
- Coordinate and finalize negotiations of several major contracts to become network providers
- Secure financing for various capital expenditures and favorable service agreements
- Ensure full compliance with State licensing regulations, Medicare certification standards and AAAHC
- Establish roles and responsibilities to clearly define tasks and improve organizational efficiency
- Successfully passed New Jersey Department of Health Pharmacy inspections
- Successfully passed New Jersey Department of Health Life Safety construction inspections
- Syndicated facility to United Surgical Partners

Administrative Director

**Baptist Surgery and Endoscopy Centers LLC, Miami, FL (formally known as Ambulatory Surgical Center of Miami)
8/05 to 1/11**

Under new ownership direct free standing a GI specialty ambulatory surgery center, responsible for all operational day to day operations and FTE management. New center consists of 6 procedure rooms, 1 operating room performing over 19K procedures annually with 21 million in revenues. Emphasis on strategic planning and program development while maintaining a "hands on" management style. Practice consists of majority partner Baptist Health Enterprise and 20 shareholders and four physicians, 24 Anesthesiologists and CRNA's and 45 support staff consisting of RN's, endo-techs and business office staff.

Administrator, Ambulatory Surgical Center of Miami (predecessor organization)

Manage and directed an ambulatory surgery care center, responsible for all operational aspects of a 23 bed Gastroenterology ASC, 5 Operating Rooms performing over 15K procedures annually. Reporting to the President of the Board. Emphasis on strategic planning and program development while maintaining a "hands-on" management style. Practice consists of 20 shareholders, a support staff of 45 FTE. In 2008 assisted with the sale and integration of Ambulatory Surgical Center to Baptist Surgery and Endoscopy Centers. Annual revenues of 12 million.

**Vice President of Operations ValuClinic
Miami, FL
9/07 – 1/08**

Manage and directed new start-up retail health clinic business line for a publicly held company Continucare, responsible for all operational aspects of the retail business model, implementation, construction, policies and procedures, hiring and training of new staff. Model based on Nurse Practitioner and or Physician Assistant single provider clinic supervised by a collaborating physician for every five clinics.

Administrator

Navix Imaging Inc. Coral Springs, FL

11/03 – 8/05

Manage and directed free standing imaging centers in Florida for Navix Radiology Systems, Inc. Company provides multi-modality medical imaging services in an alternate site healthcare environment in six Florida sites. Reporting directly to the President, the Company provides over 250,000 imaging studies and revenue 25 million annually including x-ray, ultrasound, nuclear medicine, mammography, CT, MR, and PET.

Director Ambulatory Care Network

NEWYORK PRESBYTERIAN HOSPITAL, New York, NY

1/01 – 11/03

Manage and directed all ambulatory services provided in the New York Weill Cornell campus, comprised of multi-specialty, hospital based medical practices and transportation with a 10MM budget and 160 FTE's. Provide services to 245,000 patient visits per year. Oversight of total operations, responsible for 8 Practice Administrators that are product line, functions include training, supervision of staff, budgeting, payroll management, program development, facility management, schedule design, billing, provider relations and quality assurance activities. Oversight of implementation of Hospital Information System and outpatient billing system for ambulatory care network comprised of 30 plus medical specialties (primary care and specialty services).

LIST OF PREVIOUS POSITIONS

Administrator for Emergency Medicine, Bronx-Lebanon Hospital Medical Center, Bronx, NY, (3/89 – 1/01)

Responsible for total day to day management of two Emergency Departments and a Transportation Department. Volumes of 141,000 annual visits and 15, 000 admissions. Largest voluntary health care system serving the South and Central Bronx, two major hospital divisions, 518 inpatient beds, 240 long-term beds, academic affiliate of Albert Einstein College of Medicine.

Improved patient throughput, created Faculty Practice billing that generated 1.2 MM in Faculty Practice revenue, increased admissions 1,500. Construction of 4.5-MM remodel project, achieved successfully, Passed JCAHO and DOH survey without citations.

Administrator for Emergency and Practice Administrator, Brookdale Hospital Medical Center, Brooklyn, NY, (12/91 – 3/99) Management of daily operations Level I Trauma Center with 90,000 emergency room visits 14,000 admissions. Directed 110 employees, operations of all non-clinical functions of busy emergency department. Underwent 2.5 MM renovations without losing market share. From start-up, market and develop of 4 primary care centers.

Administrative Director of Support Services, Schulman and Schachne Institute for Nursing and Rehabilitation, 448 SNF, Directed 127 employees, operations of all non-clinical functions in all patient units.

Administrator on Duty, Queens Hospital Center, Jamaica, NY, (11/88 to 1/90)

Responsible for ongoing operations of the institution, troubleshoot and solving issues.

Administrative Intern, Goldwater Hospital, Roosevelt Island, NY, (11/88 to 1/90)

Responsible for patient relations, Administrative rounds for engineering and environment, Management by Walking Around.

Senior Laboratory Technologist, Long Beach Memorial Hospital, Long Beach, NY, (3/81 to 11/03)

Experienced in Blood Bank, Hematology, Coagulation, Chemistry and Toxicology. Responsible for Quality Control, ordering of supply and daily workload.

North Shore Hospital, Manhasset, NY, (1987 - 1991)

Working in Blood Bank Part Time 22.5 hrs /week high volume Blood Bank over 65 patients per shift

Jorge Carballo MBA, NHA

Flushing Hospital Center, Flushing NY (1980 - 1987)

Evening Shift 22.5 hrs/week, working in Hematology, Coagulation, and Chemistry. Responsible for Quality Control, ordering of supply and daily workload.

Mercy Hospital Medical Center, Rockville Centre NY (1977 - 1981)

Midnight Shift working in Blood Bank, Hematology, Coagulation, Chemistry. Responsible for Quality Control, Emergency Room, OR, stats, ordering of supply and preparing instrumentation for day shift workload.

EDUCATION:

ADELPHI UNIVERSITY - Garden City, NY

MBA - August 1989

Major: Executive MBA

ADELPHI UNIVERSITY - Garden City, NY

BS degree in Biology – May 1979

Major: Biology

SPECIALIZED TRAINING, LICENSURE, CERTIFICATION

Licensed Florida Nursing Home Administrator NH 5803

Licensed New York State Nursing Home Administrator NH 4442

Licensed Florida Health Care Risk Manager License # 5505694

Licensed New York City Laboratory, Medical Technologist, Permit No. 011295-1

PROFESSIONAL & CIVIC AFFILIATIONS

Member of the South Florida Health Executive Forum

Associate of the American College of Health Care Executives

Member of Health Executives' Club

Board Member Silver Isles Home Association

Assistant Scout Master Boy Scouts of America

OTHER INFORMATION

Bilingual fluency in Spanish and English

www.linkedin.com/pub/jorge-carballo-mba-lnha/7/810/4/

Exhibit 7

Maria Castro

Miramar, FL 33027

Registered Nurse

SUMMARY

Registered Nurse with over 10 years of experience in healthcare. Skilled in providing exceptional care to diverse patient populations with a passion for excellence and a background in teaching. Loyal and collaborative team player. Detailed oriented and focused on accuracy and efficiency. Areas of clinical expertise include: Patient care, Assessment, medication administration, IV, Wound care, phlebotomy, tracheostomy care, ventilators and dialysis.

Technical Skills: Epic, Matrix, Point click care, MS Office, QuickBooks

Clinical Skills: IV, TPNs, Wound care, Hospice, Dialysis, Ventilators, Medication administration.

Fluent in English and Spanish

LICENSE

- ❖ RN, BSN
- ❖ ACLS, BLS

PROFESSIONAL EXPERIENCE

RCHH skilled nursing facility, Hollywood, FL
Director of Nursing

9/2015-10/2017

- Directing, overseeing and evaluating all nursing personnel to include registered nurses, LPN's and nursing assistants.
- Participated in admission and discharge planning to ensure the best outcomes for patient's post-acute hospitalization.
- Implement strategies to decrease 30-day rehospitalizations and improve Medicare STAR rating.
- Lead daily interdisciplinary team meetings to discuss patients progress and perform utilization review.
- Guiding staffing procedures.
- Setting objectives and long-term goals for the nursing department.
- Develop and enforce policies aiming for legal compliance and high quality standards.
- Resolve issues and deficiencies when needed.
- Collaborate with other departments and professionals to streamline operations.
- Ensured that each nurse on staff was properly certified and abided by the standards for care established by organization and state and federal laws.

Hampton Court Nursing and Rehabilitation Center, Miami, FL
Director of Nursing (INTERIM)

1/2015- 4/2015

- Ensured the highest quality of nursing services were being rendered to reflect a five star rating.
- In collaboration with facility Administration, allocate department resources in an efficient and economic manner to enable each resident to attain or maintain the highest practical physical, mental, and psychosocial well-being.
- Collaborate with other departments, medical professionals, consultants, and organizations, including government agencies and advocacy groups, to develop, support and coordinate resident care, related administrative functions, and to represent the interests of the facility.

Management Resources College, Miami, FL
Clinical Instructor

6/2014-3/2015

- Direct, manage and evaluate RN students learning in the clinical setting.
- Prepare clinical teacher assistants and preceptors for their teaching activities.
- Implement specific clinical approaches to the level of the RN student course's outcomes.
- Assist the RN student in integration of theory and practice, specific to the course being studied.
- Evaluate the student's development of clinical reasoning skills.

Nursing center at Mercy, Miami, FL
Director of nursing

1/2014-1//2015

- Evaluate the work performance of all nursing personnel, assist in the determination of wage increases, and implement discipline according to operational policies.
- Ensure Payroll Accuracy
- Ensure delivery of compassionate quality care and nursing supervision as evidenced by adequate services and staff coverage on unit, absence of odors, general cleanliness, prevention of pressure wounds, and apparent maintenance of optimal resident functions.
- Demonstrate knowledge of and application of Key Clinical Quality Indicators, and proactively monitor and implement systems to achieve and/or surpass company thresholds.
- Exercise overall supervision of resident assessments and care plans.
- responsible for the CNA and nursing certification programs, competency testing, and all related records

Coral Gables Nursing and Rehabilitation Center
Director of nursing

4/2012-1/2014

- Efficiently plan, organize, direct and implement a comprehensive institution-wide nursing program
- Assure that Residents are stabilized in a critical situation or crises before they get transferred to the ER, by leading an emergency code and following emergency protocols.
- Teach nurses how to provide complete assessments for residents to reach their highest level of function and implement
- Manage supervisory and nursing support personnel.
- Responsible for ensuring all shifts are adequately staffed.
- Identify and resolve departmental deficiencies with implemented correction plans.
- Identify and address any quality-assurance auditing issues.
- Evaluate and modify goals, objectives, and organizational structures to provide the best nursing care service.

Harmony Health Center at Greenbriar Miami, FL
Floor Nurse/Nurse Supervisor

5/2008-3/2012

- Provide patient care to a diversity of patients going through short and long-term rehabilitation, including patients with psychiatry disorders. Assess and implement individualized care plans to include medication administration, wound care, trachea care and enteral nutrition.
- Participate in utilization review, discharge planning, case management and care plan meetings.
- Oversee nursing schedules to assure they meet resident needs and regulatory and budgetary standards.
- Oversee and supervise development and delivery of in-service education to equip nursing staff with sufficient knowledge and skills to provide compassionate, quality care and respect for resident rights.
- Proactively develop positive employee relations, incentives, and recognition programs. Promote teamwork, mutual respect, and effective communication.
- Perform rounds to observe care and to interview staff, residents, families or other interested parties.
- Monitor staff for compliance with OSHA mandates and facility policies on workplace safety.
- Establish, implement, and monitor the infection control program designed to provide a safe, sanitary, and comfortable environment designed to prevent the devilmnt and transmission of disease and infection.

4/2007 - 12/2007 F.N.C
Full-time Student

3/2006 - 4/2007 Urological Associates of South Florida Miami, FL.
Front desk Receptionist

2/2004 - 3/2006 Kool Kids Footwear Miami, FL.
Store Manager

1/2002 - 2/2004 Winn-Dixie Miami, FL.
Front end assistant manager

EDUCATION & CERTIFICATION

Education

2017-present Ana G Mendez University system
 2012-2013 Florida National University
 2010-2012 Florida National University
 2005 - 2007 Florida National College Miami, FL
 1999 - 2003 American Academy Miami, FL

Masters in nursing Family Nurse practitioner
 Bachelors in Science of Nursing
 Associate in Science of Nursing RN
 licensed Practical Nursing
 High School Diploma

Exhibit 8

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
DOAH CASE NO. 17-005769

STATE OF FLORIDA, AGENCY FOR HEALTH
CARE ADMINISTRATION,

Petitioner,

v.

REHABILITATION CENTER AT
HOLLYWOOD HILLS, LLC

Respondent.

CONFIDENTIAL

DEPOSITION OF WAYNE EVANCHO, M.D.

Friday, January 19, 2018
9:10 - 9:28 a.m.

2455 East Sunrise Boulevard
Suite 1200
Fort Lauderdale, Florida 33304

Reported By:
Rachel W. Bridge, RMR, CRR
Signature Court Reporting, Inc.
105 South Narcissus Avenue, Suite 400
West Palm Beach, Florida 33401
(561) 659-2120
Job #20609

1 APPEARANCES:
 2 On behalf of the Petitioner:
 3 J. STEPHEN MENTON, ESQUIRE
 4 RUTLEDGE ECENIA
 5 119 South Monroe Street
 6 Suite 202
 7 Tallahassee, Florida 32301
 8 Telephone: 850-681-6788
 9 E-mail: SMenton@Rutledge-ccenia.com
 10 On behalf of the Respondent:
 11 GEOFFREY D. SMITH, ESQUIRE
 12 SUSAN SMITH, ESQUIRE
 13 SMITH & ASSOCIATES
 14 3301 Thomasville Road
 15 Suite 201
 16 Tallahassee, Florida 32308
 17 Telephone: 850-297-2006
 18 E-mail: geoff@smithlawtlh.com
 19
 20 and
 21
 22 JULIE W. ALLISON, ESQUIRE
 23 JULIE W. ALLISON, P.A.
 24 225 South 21st Avenue
 25 Hollywood, Florida
 Telephone: 305-335-4015
 E-mail: Julie@AllisonLaw.net
 On behalf of the Witness:
 SEAN M. ELLSWORTH, ESQUIRE
 ELLSWORTH LAW FIRM, P.A.
 420 Lincoln Road
 Suite 601
 Miami Beach, Florida 33139
 Telephone: 305-535-2529
 E-mail: sean@ellslaw.com

1 PROCEEDINGS
 2 ---
 3 Deposition taken before Rachel W. Bridge,
 4 Certified Realtime Reporter and Notary Public in and for
 5 the State of Florida at Large, in the above cause.
 6 ---
 7 Thereupon,
 8 WAYNE EVANCHO, M.D.
 9 having been first duly sworn or affirmed, was examined
 10 and testified as follows:
 11 THE WITNESS: Yes.
 12 DIRECT EXAMINATION
 13 BY MR. SMITH:
 14 Q. Could you please state your name.
 15 A. Wayne Evancho, E-v-a-n-c-h-o.
 16 Q. And what is your occupation or profession?
 17 A. Physician.
 18 Q. Dr. Evancho, my name is Geoff Smith. We've
 19 just been introduced. I represent Rehabilitation Center
 20 at Hollywood Hills in an ongoing proceeding that
 21 involves a license revocation.
 22 The purpose in my asking you to come today is
 23 that you have been identified in some notes of one of
 24 the AHCA surveyors and you gave an interview, and I just
 25 kind of want to go over the accuracy of what was taken

1 ---
 2 I N D E X
 3 ---
 4 WITNESS: DIRECT CROSS REDIRECT RECROSS
 5 Wayne Evancho, M.D.
 6 By Mr. Smith 4 16, 18
 7 By Mr. Menton 10
 8
 9
 10
 11 ---
 12 NO EXHIBITS MARKED
 13 ---
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1 down. So I hope to have you out of here pretty quickly,
 2 and thank you for coming.
 3 Can you just start by giving us a quick
 4 overview of, like a thumbnail sketch of your medical
 5 education and your professional career?
 6 A. I started practicing -- I graduated from
 7 medical school in Kansas City, moved to South Florida to
 8 do an internship in a hospital, used to be called Humana
 9 South Broward.
 10 Then I did a family practice residency for one
 11 year through Nova South -- well, what is now Nova
 12 Southeastern. At that time it was just Southeastern.
 13 And I have had, have been basically in private
 14 practice since I started practicing in '89, '90. I
 15 guess '90 is when I started.
 16 Q. Are you boarded in any areas?
 17 A. Family practice, and I did pass the boards for
 18 Hospice too.
 19 Q. Hospice and palliative care?
 20 A. Yes.
 21 Q. I want to ask you about specific events that
 22 occurred at Hollywood Hills Nursing Home or Rehab Center
 23 at Hollywood Hills.
 24 First, are you familiar with Rehabilitation
 25 Center at Hollywood Hills?

1 A. Yes.
 2 Q. Have you had patients of yours that resided
 3 there from time to time?
 4 A. Many years.
 5 Q. During Hurricane Irma, do you recall did you
 6 have a patient in the building at that time?
 7 A. Multiple patients.
 8 Q. Multiple patients. In the early morning hours
 9 of September 13th there were patients that experienced
 10 some distress. They went to the hospital, and some of
 11 those patients died, and that's what is sort of the
 12 background to this proceeding.
 13 You were interviewed by AHCA surveyors,
 14 according to the notes that they provided to me, on
 15 September 15th.
 16 Does that sound about right? The hurricane --
 17 I'll just place it in perspective. I think Hurricane
 18 Irma kind of struck the Broward County area the 9th,
 19 10th and then the 11th and 12th. Power was out at
 20 Hollywood Hills and most of Broward County.
 21 A. Yes.
 22 Q. So September 15th you gave an interview?
 23 A. Yes, they called me on my cellphone.
 24 Q. Okay. It states in the interview that you had
 25 a patient in the building. Her name is Ms. Albertina

1 patient is comfortable. If they have any other needs,
 2 they would notify the physician, primary or myself if I
 3 was a team physician.
 4 Q. And it says in the notes for Ms. Vega that you
 5 visited her on the morning of September 12th and that
 6 she was declining and that you ordered that 24-hour
 7 Crisis Care due to her imminent death.
 8 A. I felt at that time she was, yes.
 9 Q. And have you heard the phrase actively dying
 10 before?
 11 A. Yes.
 12 Q. I mean do you feel she was in the active phase
 13 of dying?
 14 A. When I saw her, yes.
 15 Q. Okay. And it says that you did not think she
 16 would be a candidate to transfer because of her imminent
 17 death; is that correct?
 18 A. Yes.
 19 Q. And it says that you were in the building on
 20 both the first and second floors and you observed that
 21 there were portable coolers blowing and the temperature
 22 was not that hot; is that correct?
 23 A. Yes.
 24 Q. And that's what you observed at that time?
 25 A. Yes.

1 Vega.
 2 A. Yes. She was not my personal patient. She
 3 was a Hospice patient.
 4 Q. And you had the opportunity to visit and see
 5 her on September 12th; is that right?
 6 A. Yes.
 7 Q. And in the notes to the interview, it says
 8 that the patient was a Hospice patient that was placed
 9 on Crisis Care.
 10 Can you tell me from your background as a
 11 Hospice physician, what does it mean, first of all, to
 12 be placed onto Hospice? What's your prognosis?
 13 A. In general for Hospice, it should be six
 14 months or less to live, if the doctor feels that the
 15 patient has a life expectancy of less than six months.
 16 Q. And are you familiar with the level of service
 17 in Hospice called Crisis Care or continuous care?
 18 A. Yes.
 19 Q. Tell me how is that used in relation to when a
 20 death may be imminent?
 21 A. Just somebody they put at the bedside to, one,
 22 just care for the patient one on one, to make sure that
 23 the patient is comfortable. It can either be a nurse or
 24 an aide.
 25 And it's just mainly to make sure that the

1 Q. Okay. And did you observe -- I guess by way
 2 of background, you, as a physician, understand that if
 3 you were to observe that there was dangerous conditions,
 4 you would have a duty to report it?
 5 A. Yes.
 6 Q. And you didn't see anything that you thought
 7 was a danger to residents or patients in the building
 8 that you felt you should report?
 9 A. At the time I was there, no.
 10 Q. Did you have any other patients in the
 11 building on September 12th other than Ms. Vega?
 12 A. Yes. I had multiple patients, a lot of
 13 patients in the building. I actually did not come in to
 14 see Ms. Vega. I came in to see another patient on the
 15 first floor.
 16 Q. Did you feel any of your patients were in
 17 jeopardy or danger?
 18 A. That day I saw three patients. Two of them
 19 were on Hospice. The third patient, Ms. Lois King, was
 20 up on the same floor where Ms. Vega was. I was asked to
 21 see her because she actually had an increased
 22 temperature.
 23 I went to evaluate her. I thought she was
 24 septic, had an infection, and I sent her to the
 25 hospital.

1 Q. Okay.
 2 A. She was not on Hospice.
 3 Q. And did you visit your other Hospice patient?
 4 A. Ms. Alice Thomas on the first floor, who was
 5 already on continuous care.
 6 Q. And did you order Ms. Thomas to be evacuated
 7 from the building or anything?
 8 A. No.
 9 Q. Did you feel like people in the building were
 10 safe?
 11 A. I --
 12 MR. MENTON: Object to form.
 13 THE WITNESS: I mean I just felt that the
 14 conditions, I did not think it was -- I knew the
 15 air conditioner was off, but I did not think it was
 16 excessively hot.
 17 MR. SMITH: That's really all the questions I
 18 have, doctor. Thank you.
 19 CROSS-EXAMINATION (WAYNE EVANCHO, M.D.)
 20 BY MR. MENTON:
 21 Q. Good morning, doctor. My name is Steve
 22 Menton. I represent the Agency For Health Care
 23 Administration. I just want to follow up on a couple of
 24 issues.
 25 First of all, am I correct that you were at

1 Q. And do you know whether it got hotter after
 2 you left?
 3 A. I do not know that.
 4 Q. Okay. You never went back to the facility
 5 after that morning?
 6 A. No, I did not.
 7 Q. And nobody reported to you what the conditions
 8 were after you left the facility?
 9 A. No.
 10 Q. And have you had a chance to review any of the
 11 medical examiner's reports on patients that passed away
 12 at the facility?
 13 A. No.
 14 Q. Were any of those patients your patients?
 15 A. Yes.
 16 Q. Now if the medical examiner reports indicate
 17 that the temperature within the facility was 99 degrees,
 18 would you agree that that's not a situation that you
 19 would want your patients to be in?
 20 A. That would, that would be very warm, yes.
 21 Q. And if somebody had communicated to you that
 22 that was the temperature in the building, you would have
 23 taken steps to protect your patients, wouldn't you?
 24 A. Yes.
 25 Q. Now do you know whether the medical examiner

1 the facility on the 12th in the morning around 9:00,
 2 9:30?
 3 A. Yes. I would say roughly around 10:00, 9:30,
 4 10:00. I don't know the exact time.
 5 Q. Because the interview says you were there
 6 around 9:30. Is that --
 7 A. Yeah, I thought I was there more between ten
 8 and eleven.
 9 Q. You don't have any records as to what time you
 10 were there and you don't have any -- at the time you
 11 told the AHCA surveyors it was 9:30.
 12 A. I was there for a period of an hour. I don't
 13 remember the exact time I walked in there. I want to
 14 say it was 9:30. I mean it was -- like I said, I don't
 15 remember the exact time.
 16 I know I was there around 10:00, so if I was
 17 there a little before that, I started Ms. Vega on
 18 continuous care I believe at 10:00. I had seen
 19 Ms. Thomas before that, so ...
 20 Q. You don't know what the temperature was at
 21 9:30, 10:00 when you were there at the facility?
 22 A. No.
 23 Q. And you don't know what it was inside the
 24 building?
 25 A. No, I don't know.

1 has listed the cause of death for some of the residents
 2 as exposure to environmental conditions?
 3 A. I heard that.
 4 Q. And you don't have any basis to disagree with
 5 the medical examiner's conclusions in that regard?
 6 MR. SMITH: Objection, predicate. Hasn't
 7 established whether he read it.
 8 BY MR. MENTON:
 9 Q. But I mean at least one of the patients was
 10 yours, one of the patients that the cause of death was
 11 attributed to exposure to environmental conditions.
 12 You don't have any basis to disagree with
 13 that, do you?
 14 MR. SMITH: Object to form.
 15 THE WITNESS: No.
 16 BY MR. MENTON:
 17 Q. And I think one of the patients was Gail Nova.
 18 Is that one of your patients?
 19 A. Yes.
 20 Q. And Gail Nova, she was not on Hospice care,
 21 was she?
 22 A. No.
 23 Q. And her death was not imminent, to your
 24 knowledge, was it?
 25 A. No.

1 Q. Did you have some of the patients from the
2 facility that were your patients also evacuated from the
3 facility and admitted to hospitals as a result of the
4 conditions that were in the facility on the morning of
5 the 13th?

6 MR. SMITH: Object. Before you answer, just
7 object to beyond the scope of the way the judge has
8 ruled in this case.

9 THE WITNESS: I did have patients admitted to
10 the hospital.

11 BY MR. MENTON:

12 Q. And some of those patients, did you follow up
13 with them?

14 A. They were seen by -- I have two hospitals that
15 I use.

16 Q. And did some of those patients show signs of
17 dehydration and exposure to heat conditions?

18 MR. SMITH: Same objection.

19 THE WITNESS: I didn't see them. I can't say
20 I read all the reports.

21 BY MR. MENTON:

22 Q. But they were admitted directly to the
23 hospital --

24 A. Yes.

25 Q. -- from the facility on the morning of the

1 doctor. Thank you.

2 REDIRECT EXAMINATION (WAYNE EVANCHO, M.D.)

3 BY MR. SMITH:

4 Q. Just very briefly, doctor, as to Ms. Vega,
5 based on your visit and your knowledge of her condition
6 as you were there on the morning of the 12th, regardless
7 of that patient's location, do you believe she would
8 have passed on within 24 hours of when you saw her?

9 A. Yes. When I say imminent, it doesn't
10 necessarily mean 24 hours, but when I saw her that
11 morning, I did not think she was ever going to come off
12 continuous care.

13 Q. And regardless of whether she was moved to an
14 air conditioned building or not, your assessment is she
15 was going to die?

16 A. Correct -- well, yes, because I mean we do
17 continuous care in those facilities all the time. It's
18 just more to try to keep the patients themselves
19 comfortable and to make sure their needs are being met.

20 Q. And Ms. Thomas that you mentioned, was she
21 also on continuous care at that time?

22 A. She had been on continuous care previous to
23 that. So that's the reason I went there that morning,
24 because she was on continuous care.

25 Q. Okay.

1 13th?

2 A. On the morning of the 13th, yes.

3 Q. And you don't know what may have caused them
4 to be admitted to the hospital?

5 A. I don't remember everybody's exact diagnosis,
6 no.

7 Q. Were you aware that some of them were
8 diagnosed with heat exhaustion?

9 A. Yes.

10 Q. And that was as a result of conditions within
11 the facility?

12 A. I'm assuming that's what it was.

13 Q. Okay. Based upon your experience in the area
14 of palliative care, would it be unusual to have eight
15 patients die on a single day at a facility the size of
16 Hollywood Hills?

17 A. Yes.

18 Q. And is that something that would cause you
19 concern as to what was going on in that facility?

20 A. Yes.

21 Q. And you don't have any direct information as
22 to what was going on or what may have actually caused
23 the deaths of those patients?

24 A. No, I don't.

25 MR. MENTON: That's all the questions I have,

1 A. And that probably would have been the only
2 patient that I saw that day.

3 Q. Okay. And finally, was Ms. Nova, do you have
4 any recollection of what her medical conditions were?

5 You said she wasn't on Hospice, but do you
6 recall what her medical conditions were, why she was in
7 the nursing home?

8 A. She had been in the nursing home for a long
9 period of time. I do not know, I mean right off the top
10 of my head all her diagnoses, no.

11 Q. Would it be fair to say that having resided in
12 the nursing home for a long time, would you consider her
13 medically to be a frail, elderly person?

14 A. A lot of those patients are frail and elderly
15 if they are living there.

16 MR. SMITH: Okay. That's all I have.

17 RECROSS (WAYNE EVANCHO, M.D.)

18 BY MR. MENTON:

19 Q. In addition to Ms. Vega, were there any other
20 patients that you had that passed away in the facility?

21 A. Yes.

22 Q. Do you remember who those were?

23 A. Bobby Owens was one of them. Dolores Biamonte
24 was another one.

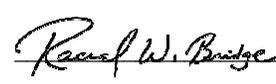
25 Q. Was Bobby Owens on Hospice care?

1 A. No.
 2 Q. Was his death imminent, from what you could
 3 see?
 4 A. From the last time I saw him, no.
 5 Q. And how about Dolores Biamonte? Was she on
 6 Hospice care?
 7 A. She had been on Hospice in the past and had
 8 come off. She was stable at that point, but I don't
 9 remember exactly when she came off. It had been a
 10 while.
 11 Q. So she had been off Hospice for a while?
 12 A. Yes.
 13 Q. Was there anything that caused you to believe
 14 that her death was imminent?
 15 A. No.
 16 MR. MENTON: Okay. That's all the questions I
 17 have.
 18 REDIRECT (WAYNE EVANCHO, M.D.)
 19 BY MR. SMITH:
 20 Q. Now I do have a couple of questions. I didn't
 21 realize you were a physician for Bobby Owens.
 22 Do you remember his medical condition in terms
 23 of diagnosis? First of all, mental diagnosis? Was that
 24 a patient that had dementia?
 25 A. He had a history of strokes, yes.

1 through my office. Thank you.
 2 MR. SMITH: Thank you.
 3
 4 (Witness excused.)
 5 (Deposition was concluded.)
 6
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1 Q. He had a history of strokes?
 2 A. (Witness nods head up and down.)
 3 Q. I'm sorry, you said that he had a history of
 4 strokes?
 5 A. Yes.
 6 Q. Have you read any information about the
 7 circumstances of his particular death since the time of
 8 the hurricane?
 9 A. I have not read any of the medical examiner
 10 reports.
 11 Q. Would you have any kind of medical prognosis
 12 of what you thought Mr. Owens' prognosis was in terms of
 13 life expectancy?
 14 A. No.
 15 Q. And same question as to Dolores Biamonte.
 16 A. No. I mean they had been relatively stable.
 17 Q. And was Mr. Owens able to verbalize and
 18 communicate?
 19 A. No.
 20 Q. How about Ms. Biamonte?
 21 A. No.
 22 MR. SMITH: Okay, thank you.
 23 MR. MENTON: Thank you, doctor. That's all I
 24 have.
 25 MR. ELLSWORTH: He will read. Coordinate that

1 CERTIFICATE OF OATH
 2 STATE OF FLORIDA
 3 COUNTY OF BROWARD
 4
 5
 6 I, the undersigned authority, certify that
 7 Wayne Evancho, M.D. personally appeared before me and
 8 was duly sworn on the 19th day of January, 2018.
 9
 10 Witness my hand and official seal this 23rd
 11 day of January, 2018.
 12
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 Rachel W. Bridge, RMR, CRR
 Notary Public - State of Florida
 My Commission Expires: 1/15/19
 My Commission No.: FF 159892
 Job #20609



CERTIFICATE
STATE OF FLORIDA
COUNTY OF BROWARD

I, Rachel W. Bridge, Certified Realtime Reporter and Notary Public in and for the State of Florida at Large, do hereby certify that the aforementioned witness was by me first duly sworn to testify the whole truth; that I was authorized to and did report said deposition in stenotype; and that the foregoing pages numbered 1 to 20 inclusive, are a true and correct transcription of my shorthand notes of said deposition.

I further certify that said deposition was taken at the time and place hereinabove set forth and that the taking of said deposition was commenced and completed as hereinabove set out.

I further certify that I am not attorney or counsel of any of the parties, nor am I a relative or employee of any attorney or counsel of party connected with the action, nor am I financially interested in the action.

The foregoing certification of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or direction of the certifying reporter.

Dated this 23rd day of January, 2018.

Rachel W. Bridge
Rachel W. Bridge, RMR, CRR
Job #20609

CERTIFICATE

THE STATE OF FLORIDA
COUNTY OF BROWARD

I hereby certify that I have read the foregoing deposition by me given, and that the statements contained herein are true and correct to the best of my knowledge and belief, with the exception of any corrections or notations made on the errata sheet, if one was executed.

Dated this ____ day of _____, 2018.

Wayne Evancho, M.D.
Job #20609

DATE: January 23, 2018
TO: Dr. Wayne Evancho Job#20609
c/o Sean M. Ellsworth, Esq.
Ellsworth Law Firm, P.A.
420 Lincoln Rd, Suite 601
Miami Beach, Florida 33139
IN RE: State of Fla. AHCA vs. Rehabilitation Center

The transcript of your deposition taken on 1-19-18 has been completed and awaits reading and signing. The transcript will be furnished to you through Mr. Ellsworth.

At the end of the transcript you will find an errata sheet. As you read your deposition, any changes or corrections that you wish to make should be noted on the errata sheet, citing page and line number of said change. Once you have read the transcript and noted any changes, be sure to sign and date the errata sheet and signature page and return these pages to me.

If you do not read and sign the deposition within a reasonable time, the original, which has already been forwarded to the ordering attorney, may be filed with the Clerk of the Court. If you wish to waive your signature, sign your name in the blank at the bottom of this letter and return it to us.

If you wish to waive your signature, please sign your name in the blank at the bottom of this letter and return it to us.

Sincerely,

Rachel W. Bridge, RMR, CRR
SIGNATURE COURT REPORTING, INC.
400 South Narcissus Ave., Suite 400
West Palm Beach, Florida 33401
Phone: 561-659-2120

I do hereby waive my signature.

Wayne Evancho, M.D.
cc: Via transcript: Geoffrey Smith, Esq.

ERRATA SHEET

IN RE: State of Florida vs. Rehabilitation Center
CR: Rachel Bridge
DEPOSITION OF: Wayne Evancho, M.D.
TAKEN: 1-19-18

DO NOT WRITE ON TRANSCRIPT - ENTER CHANGES HERE
PAGE # LINE # CHANGE REASON

Table with 4 columns: PAGE #, LINE #, CHANGE, REASON. The table contains several empty rows for recording corrections.

Please forward the original signed errata sheet to this office so that copies may be distributed to all parties.

Under penalty of perjury, I declare that I have read my deposition and that it is true and correct subject to any changes in form or substance entered here.

DATE: _____

SIGNATURE OF DEPONENT: _____

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Exhibit 9

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
DOAH CASE NO. 17-005769

STATE OF FLORIDA, AGENCY FOR HEALTH
CARE ADMINISTRATION,

Petitioner,
v.
REHABILITATION CENTER AT
HOLLYWOOD HILLS, LLC,

Respondent.

DEPOSITION OF DR. FRANCES CADOGAN
Wednesday, January 17, 2018
3:28 p.m. - 3:59 p.m.

Reported By:
Michele L. Savoy, RMR
Signature Court Reporting, Inc.
105 South Narcissus Avenue, Suite 400
West Palm Beach, Florida 33401
(561)659-2120

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1 PROCEEDINGS
2 - - -
3 Thereupon,
4 DR. FRANCES CADOGAN
5 acknowledged having been duly sworn to tell the truth
6 and testified upon her oath as follows:
7 THE WITNESS: I affirm.
8 DIRECT EXAMINATION
9 BY MR. SMITH
10 Q Would you please state your name.
11 A Frances Cadogan.
12 Q And what is your occupation or profession?
13 A I am a physician.
14 Q Dr. Cadogan, we have just met today. My name
15 is Goeff Smith, and I represent Rehabilitation Center at
16 Hollywood Hills; and we have asked you to be at a
17 deposition today to just tell us what you know about the
18 events that surrounded Hurricane Irma and tragic loss of
19 life at the nursing home.
20 Can you tell me a little bit about your
21 medical education and professional career? Just kind of
22 give me an overview.
23 A Okay. So I was trained at Howard University,
24 Washington, D.C., received a bachelor of science in
25 pharmacy, and then went on to do my medical doctor

1 degree. Also stayed there to complete internship and
 2 residency in internal medicine and pediatrics.
 3 Q And where did you do your residency?
 4 A At Howard University. I did everything there.
 5 Q Okay. What is the name of their hospital? Is
 6 it just --
 7 A It's Howard University School of Medicine.
 8 Q Okay. And after your training, where have you
 9 worked as a physician?
 10 A Okay. So after I graduated and finished my
 11 residency, I went back to my country, which is Trinidad
 12 and Tobago, and I worked there as an attending physician
 13 in both internal medicine and pediatrics from that time
 14 up until, I think, 2002.
 15 Q And after 2002, what did you do?
 16 A Then I came back here and was employed by the
 17 company that I am still working for; that is TeamHealth.
 18 I think initially it was called FLACS, so
 19 Florida Acute Care Specialists.
 20 Q It's now called TeamHealth?
 21 A Yes.
 22 Q Just go ahead and describe for us, what is
 23 TeamHealth? How many physicians and what do you do?
 24 A So TeamHealth is a company that, if you want
 25 to say, on my part contracts with different insurance

1 A Yes.
 2 Q Have you had patients at Rehabilitation Center
 3 at Hollywood Hills in the past?
 4 A Oh, yes. I have been there -- you know, they
 5 have changed -- the names have changed over the years,
 6 but I have seen them for at least seven years, minimum.
 7 Minimum, seven years.
 8 Q And do you serve as a medical director at any
 9 nursing homes?
 10 A No.
 11 Q Have you received any awards or recognitions
 12 in your physician practice over the years?
 13 A In the nursing home field?
 14 Q Just generally.
 15 A No.
 16 Q Okay. I thought I saw online that you had
 17 gotten some kind of award --
 18 A I can't remember.
 19 Q -- from Healthgrades or something.
 20 A Possibly, but I -- I probably don't think
 21 about it.
 22 Q I want to talk to you specifically about the
 23 events that led up to Hurricane Irma.
 24 At the time that Hurricane Irma was
 25 approaching Florida, did you have residents in nursing

1 companies, okay, for -- and employs physicians to go
 2 to -- on my part -- go to nursing homes specifically.
 3 They also have different groups that go to
 4 hospitals, but I -- the group that I have worked with,
 5 they go specifically to nursing homes and see patients,
 6 yes.
 7 Q And what is the geographic area that
 8 TeamHealth covers?
 9 A Okay. So in the beginning, I went to both
 10 Palm Beach and also Broward County. They also, I think,
 11 go to Dade County; but as time went on, my area was
 12 specifically Broward County.
 13 Q And about how many nursing homes do you see
 14 patients at within Broward County?
 15 A For me, I see patients in at least six nursing
 16 homes.
 17 Q And how long have you been working as a
 18 physician in nursing homes in Broward County?
 19 A Since 2003.
 20 Q So 14, 15 years?
 21 A Yes. Yes.
 22 Q And it's fair to say you are familiar with the
 23 nursing home?
 24 A Yes.
 25 Q The nursing home market in Broward?

1 homes that were patients of yours?
 2 A Oh, yes.
 3 Q And did you have patients that resided at
 4 Rehabilitation Center at Hollywood Hills?
 5 A Yes. They resided in the form that they were
 6 there to get therapy.
 7 Q But for the purposes of where they were living
 8 at the time of the hurricane, they were at --
 9 A Yes.
 10 Q -- the nursing home?
 11 A Yes.
 12 Q And when the hurricane was approaching, did
 13 you go to the various facilities to check on your
 14 patients and make sure they were doing okay?
 15 A Yes.
 16 So, usually -- usually, I would go to
 17 Hollywood Hills like three times a week. I specifically
 18 would go two days of the week, like usually on a Monday
 19 and a Wednesday, and then if they are like new
 20 admissions coming in, the nurse practitioner would go
 21 there like on a Friday.
 22 So the week prior to the hurricane, you know,
 23 we went there just to -- because we had to kind of
 24 figure out where some of the patients had to go. Some
 25 of them could not be discharged because of the

1 hurricane, the impending hurricane.

2 So, yes, I was there the week prior to the
3 hurricane.

4 Q And prior to Hurricane Irma, were you
5 satisfied with the quality of care that the nursing home
6 provided to patients and residents at Hollywood Hills?

7 A How do I put this? I was a little skeptical
8 in the past, like, say two months or so.

9 I guess one of my concerns was because the --
10 there was just a lot of changing of nurses, you know, so
11 there were times in which I felt as though the
12 continuity of care wasn't what I would have liked it to
13 be. So that was one of my concerns about that facility.

14 Q And was the concern ever of such a magnitude
15 that you were concerned about safety of patients and
16 said, "I'm not going to have -- I'm going to move all of
17 my patients out of this facility"?

18 A No. No.

19 Q Did you have the chance to -- after the
20 hurricane, after Hurricane Irma made landfall in
21 Florida, did you have the chance to go to Hollywood
22 Hills to check on your patients?

23 A Yes.

24 Q And how many times did you do that?

25 A One time.

1 Q Breeze was blowing and many of them sitting
2 near windows?

3 A Sitting near windows, or, at times, some of
4 them would be in the wheelchair and they would come out
5 into the corridor to -- you know, to get near to the
6 fan.

7 Q And get near the portable AC?

8 A Yes.

9 Q And I know that you had the opportunity to see
10 staff. Did you observe them coming into resident rooms
11 and offering ice and ice water?

12 A Well, there was a specific patient on the west
13 wing -- so even though there are four units in the
14 building, so on the one west building, there was a
15 specific patient; her name was Martha. And, you know,
16 when I went to her, her window was open, and you know,
17 she didn't -- you know, she -- the nurse was trying to
18 get her to get out of the bed, to kind of get up into
19 the corridor; but she said she wasn't going to get out
20 of the bed.

21 So the nurse ultimately kept on, you know,
22 going back and forth and giving her water and kind of
23 rags to put on her forehead.

24 Q It says that you, M.D., stated that the staff
25 were observed coming into resident rooms and offering

1 Q Okay. And I had you look, before your
2 deposition, at some notes that were taken by a surveyor
3 from the Agency for Health Care Administration, and I
4 just want to go through some of that with you.

5 It's reported that you had eight residents
6 that were at Hollywood Hills on September 12th.

7 A Yes.

8 Q Okay. And you visited there between 2:00 and
9 3:00 p.m.?

10 A Yes.

11 Q And you saw all of your patients at that time?

12 A Yes.

13 Q And when you came into the building, is it
14 correct that you saw and observed that there were many
15 fans and portable air conditioning units on both the
16 east and west units of the building?

17 A Yes.

18 Q And you could tell that the air was blowing
19 and it was not excessively hot at that time?

20 A No, it was not excessively hot.

21 Q It's reported that you said that you visited
22 your residents on the first floor.

23 A Yes.

24 Q And most of them had the windows open?

25 A Yes.

1 ice and ice water and instructing residents to drink.

2 A Yes.

3 Q Is that true?

4 A Yes. Yes.

5 Q Okay. And the Martha that you just described,
6 she did not like to drink a lot of water?

7 A No. Well, she -- you know, Martha is simply
8 Martha.

9 So, Martha, she just didn't want to be
10 bothered much. All her desire was for her to -- was
11 just asking me to -- she wanted to feel cooler, and, so,
12 I mentioned to her, I said, "I will ask the staff if
13 they have an extra fan to give you."

14 So that's what happened.

15 Q Okay. And I think it says in the notes that
16 you -- that the staff said they didn't have one right
17 away, but they would see to it that she got a fan?

18 A Yes, that's what they told me.

19 Q Now, you are aware that, as a physician, you
20 have got to legal duty that if you believed any of your
21 residents were in danger, you would have a legal duty to
22 report it, correct?

23 A Yes.

24 Q And you didn't feel that any of your
25 residents, when you visited them on September 12th, were

1 in danger?
 2 A No.
 3 Q And you didn't feel that any of the residents
 4 in the building were in danger, or you would have
 5 reported it?
 6 A I would have.
 7 The thing about it is that I saw -- if I
 8 didn't see, you know, workmen, you know, the -- some of
 9 the -- the, you know, workmen, you know, fixing things
 10 and things like that, then I probably would have had a
 11 second opinion; but, you know, I saw them actively
 12 trying to fix things, so I thought that it would have
 13 been fixed.
 14 Q And was it your impression that the
 15 expectation among the staff when you were there was that
 16 they were going to be able to get the power back on?
 17 A Yes.
 18 Q And you had discussions with people about "are
 19 you expecting the AC to come back on," and they felt
 20 like it was -- that they would be able to get it back
 21 on?
 22 A Well, I couldn't tell you that I asked
 23 specifically as to when it would come on, but I saw them
 24 actively doing things.
 25 For example, there were at least three of --

1 you are hot here, go upstairs."
 2 You know, don't go upstairs. So that's the
 3 way I -- you know, attributed the statement.
 4 Q But, again, you didn't feel like it was a
 5 dangerous situation?
 6 A No. No. Because I saw people getting on the
 7 elevator going up and coming down.
 8 Q Okay. And none of them looked to be in
 9 distress or anything?
 10 A No. No. Because the nurses' station is right
 11 opposite to the elevator.
 12 Q And you didn't have any residents or patients
 13 on the second floor?
 14 A No.
 15 MR. SMITH: One minute.
 16 Okay, Dr. Cadogan, that is really the
 17 questions I wanted to ask you.
 18 Thank you for taking the time.
 19 CROSS-EXAMINATION
 20 BY MR. MENTON
 21 Q Good afternoon, Doctor. My name is
 22 Steve Menton, and I represent the Agency for Health Care
 23 Administration. I just want to follow up on a couple of
 24 things that you were talking about earlier.
 25 First of all, am I correct -- so all of your

1 you know, men that usually -- I see working around the
 2 building, I saw them there.
 3 You know, I was sitting at the nurses'
 4 station, and it was hot; and I saw someone trying to
 5 adjust something, like take out one of the lights so
 6 that you wouldn't have so much heat.
 7 So I saw people actively doing things, so I
 8 anticipated that there shouldn't be a problem.
 9 Q And you were there for a couple of hours?
 10 A Yes.
 11 Q And that was in the afternoon between 2:00
 12 and --
 13 A Yes, 2:00 and 3:00. It was early afternoon.
 14 Q Okay.
 15 A It was early in the afternoon, so, yes.
 16 Q Somewhere between 2:00 and 4:00 p.m.?
 17 A Yeah, mhm-mhm, say 2:00 and 3:00.
 18 Q Okay. And it says that one of the nurses was
 19 sitting at the station and said to you, "Doc, don't go
 20 upstairs. It's really hot up there."
 21 A Yes, that is what they mentioned to me.
 22 Q And did you ever go upstairs?
 23 A No. I -- you know, I just felt as though she
 24 was saying, you know, because she -- I think I might
 25 have been sweating a little, and she said, "If you think

1 patients were on the first floor; is that right?
 2 A Mhm-mhm. Yes.
 3 Q So they were all basically short-term rehab
 4 patients?
 5 A So, the facility -- you have skilled patients,
 6 that is -- that's -- they are there to get therapy, get
 7 stronger and go home; and then you have the long-term
 8 care patients.
 9 So most of the long-term -- most on the first
 10 floor has the skilled, you know, the short -- those
 11 short-term care patients; and then sometimes the second
 12 floor may have short-term patients. But, essentially,
 13 they may utilize the second floor if they want to like
 14 isolate the patient or a patient who may be kind of --
 15 who wants to get out of the building, to they put them
 16 on the second floor. Those would be the people,
 17 usually, who would go on to the second floor.
 18 Q So most of the patients that you have on the
 19 first floor have at least some ability? They have the
 20 ability to get up and move around?
 21 A Yeah. Yeah. They may not be able to do it
 22 independently, so the purpose for which they are there
 23 is to get therapy and get stronger.
 24 Q Okay. So they are trying to get therapy?
 25 A Yes.

1 Q Whereas you don't have any patients on the
 2 second floor? The people on the second floor are
 3 long-term patients?
 4 A Usually. Usually. Except sometimes, you
 5 know, the second floor also had patients who may have
 6 dementia or some other psychiatric disease, so they put
 7 them on the second floor. So if I have -- I can have a
 8 skilled patient who may have issues on the second floor.
 9 But at that time, I did not have any patients with those
 10 issues, so all of my patients were on the first floor.
 11 Q Okay. And from your understanding, at least,
 12 most of the patients on the second floor -- I mean,
 13 there might be some with dementia or whatever that are
 14 put up there.
 15 A Yes.
 16 Q Most of patients on the second floor were
 17 immobile or not able to get around on their own?
 18 A Most of them, yes, especially on two east.
 19 Especially two east.
 20 Q Okay. And at no point after Hurricane Irma
 21 did you ever go to the second floor of the facility?
 22 A No.
 23 Q Okay. So you don't know what the conditions
 24 were like up on the second floor?
 25 A I do not. I don't know.

1 second floor had to be admitted to acute care hospitals
 2 as part of the evacuation that took place on
 3 September 13?
 4 A No, I do not.
 5 Q Okay. And in terms of the patients who
 6 actually passed away from the facility, you haven't
 7 reviewed the medical records for any of those, have you?
 8 A No. No. No need for me to.
 9 Q And do you know that the medical examiner has
 10 listed the cause of death for at least 12 of the
 11 residents to be either heatstroke or other heat-related
 12 environmental conditions?
 13 A I heard that. I heard that, but I -- you
 14 know, I haven't really followed it up.
 15 Q You don't have any basis to disagree with
 16 those conclusions from the medical examiner?
 17 A No.
 18 MR. SMITH: Object to the form.
 19 BY MR. MENTON
 20 Q Okay. And if the medical examiner found that
 21 a contributing cause was environmental heat exposure for
 22 at least several of those residents, you don't have any
 23 basis to disagree with that?
 24 MR. SMITH: Objection to the form. Lack of
 25 predicate.

1 Q All right. And you are aware, obviously, that
 2 there were a number of patients that passed away, as you
 3 know, from the facility --
 4 A Yes.
 5 Q -- after the storm.
 6 And were any of those your patients?
 7 A No, because I had no patients there.
 8 Q Okay. In fact, do you know -- those patients
 9 were all on the second floor, do you know?
 10 A I --
 11 Q With maybe the exception of one.
 12 A From what I -- I don't know for sure, but from
 13 what I understood, they were all on the second. That's
 14 what I heard.
 15 Q And you haven't reviewed any of the medical
 16 records?
 17 A No.
 18 Q -- for any of those patients?
 19 A No.
 20 Well, the only thing is that some of -- some
 21 patients, after the hurricane, were sent to other
 22 facilities, so I met some of those patients at another
 23 facility. They went to the hospital, and they were then
 24 sent to other facilities.
 25 Q Okay. Do you know how many patients from the

1 A I -- I -- I have not been involved in any of
 2 the patient -- with the patients after they expired.
 3 BY MR. MENTON
 4 Q Do you know if there were any patients from
 5 the first floor that had to be admitted to acute care
 6 hospitals as a result of the evacuation that took place
 7 on September 13?
 8 MR. SMITH: Objection. It goes beyond the
 9 scope of the pleading as the judge defined them in
 10 this case, but you can answer.
 11 I'm sorry. I have to make my objection for
 12 the record.
 13 A Sure.
 14 I have had, you know, three patients who went
 15 to the hospital, and I have seen them at another
 16 facility.
 17 Q Okay. So three of your patients did have to
 18 be admitted to acute care?
 19 A Yeah, three of them.
 20 Q And they needed acute medical attention after
 21 being evacuated from the facility?
 22 MR. SMITH: Object to form. Lack of predicate
 23 and beyond the scope of the pleading.
 24 You can go ahead and answer. I'm sorry. I
 25 have to say those things.

1 A Sure.
 2 From what I have seen, I kind of recognize
 3 that many of the patients were sent to the hospital
 4 because of the condition in the building, per se. So
 5 many of them, there was nothing -- no new or acute
 6 problems, per se.
 7 So I couldn't tell you that it was because of
 8 heat downstairs that caused them, because none of them
 9 had that diagnosis, and many of them did well at the
 10 other facility.
 11 Q Do you know how long they were at the other
 12 facilities and admitted for acute care?
 13 A No, I can't answer. I -- I have not made a
 14 record of that length of time, but they have been --
 15 from my recollection, they have all done well.
 16 Q Do you know -- when was the first time you saw
 17 them after they were evacuated from the Hollywood Hills
 18 facility?
 19 A More than a week after. More than a week
 20 after that.
 21 Q And so they were still in an inpatient setting
 22 a week after being evacuated?
 23 MR. SMITH: Object to the form. Vague.
 24 "Inpatient setting."
 25 It's going beyond the scope of the pleading.

1 whether or not to evacuate?
 2 A I believe to.
 3 MR. SMITH: Object to the form. Predicate.
 4 BY MR. MENTON
 5 Q You have been involved with nursing homes
 6 since 2003; is that right?
 7 A Yes, sir.
 8 Q Have you ever been involved with a nursing
 9 home where eight patients died on the same day?
 10 A No.
 11 Q Have you ever been involved in a facility
 12 where four patients died on the same day?
 13 A Not to my knowledge, but I have kind of
 14 limited access so I may not know what happens to, you
 15 know, different nursing homes except for my patients.
 16 Q All right. Now, am I correct that all of the
 17 patients that were your patients had the ability to at
 18 least verbalize if they were uncomfortable to express
 19 that they needed --
 20 MR. SMITH: Object to the form.
 21 BY MR. MENTON
 22 Q -- water or something like that?
 23 A Yes.
 24 MR. SMITH: I just want to object to going
 25 beyond the scope of the pleading.

1 Go a head and answer.
 2 A Okay. I -- I haven't really, you know, sat
 3 and checked the exact number of days, but I can just
 4 give you an estimate that probably one week after the --
 5 you know, they were transferred, I saw them at another
 6 facility.
 7 BY MR. MENTON
 8 Q Okay. So you don't know what their condition
 9 was at the time that they were evacuated?
 10 A No, I don't.
 11 Q You haven't gone back to review those medical
 12 records?
 13 A No, because I don't have access to them. They
 14 were in the hospital.
 15 Q You don't have any basis to disagree with the
 16 decision to evacuate the facility, do you?
 17 A No.
 18 MR. SMITH: Objection to form. Lack of
 19 predicate.
 20 BY MR. MENTON
 21 Q Do you?
 22 A No, I don't.
 23 Q Okay. You would expect that the fire rescue
 24 and the Memorial Hospital people that came to the scene
 25 were qualified to be able to make a determination as to

1 You can answer. I'm sorry.
 2 The reason I am saying that is the judge
 3 issued a legal ruling, and I just need to make sure
 4 I preserve our record, that I'm not stipulating
 5 that we're going to try cases that weren't pled in
 6 the pleadings.
 7 MR. MENTON: Well, and I would just note that
 8 she only treated patients on the first floor, so
 9 you kind of brought this -- you opened the door
 10 there, but we will deal with that with the judge.
 11 BY MR. MENTON
 12 Q So all of the patients that you saw at the
 13 facility would have been able to express to the nurses
 14 if they were uncomfortable or if they needed water or if
 15 they wanted to get closer to the spot coolers, they
 16 could have communicated that or even walked over there
 17 themselves; is that right?
 18 A Yes.
 19 Q And for most of patients on the second floor,
 20 that wasn't the case; isn't that true?
 21 A I don't know because I did not go to the
 22 second floor.
 23 Q Now, you mentioned that you were a little bit
 24 skeptical, I think was the term that you used, about the
 25 continuity of care that you saw at the facility.

1 Did that carry over into this period around
2 the hurricane? Is that ...

3 A Well, the nurses that I recall, they -- I had
4 seen them the week before, so I couldn't tell you that
5 at that juncture I saw like new nurses. I saw the same
6 set of nurses at that point in time.

7 Q Do you know who the nurse was that was in
8 charge on the night of September 12th and into the
9 morning of September 13th?

10 A I would not know that.

11 Q Do you know who Sergio Canal is? Do you
12 know how long he had been at the facility?

13 A Who is -- I do not know who Sergio Canal is.

14 I probably may know the face, but I don't know
15 the name offhand.

16 Q Okay. So you don't know how long the person
17 that was actually in charge on the night of
18 September 12th had actually been at the facility?

19 A No, sir.

20 Q Now, I think you said that it was hot in the
21 facility on the first floor when you arrived; is that
22 right?

23 A It was warm.

24 Q Okay. And at that point, you were under the
25 impression that was going to get resolved quickly?

1 with that. That's what he did.

2 Q Okay. And then with respect to the discussion
3 you had one with of the nurses at the nursing station, I
4 think -- tell me about that. How did that come up?

5 A Well, I was sitting behind the nurses'
6 station, and, you know, writing my notes after I had
7 seen the patients; and so someone looked and said, "Doc,
8 you know, if you think it's warm down here, don't go
9 upstairs."

10 So it was said in sort of a -- like a
11 comparative sense, you know, it's warm up here, too, and
12 it's also warm downstairs.

13 I didn't take it as anything that was, you
14 know, so serious to say that they were trying to hide
15 something.

16 Q Okay. But you did take it to mean that --

17 A It's warm.

18 Q -- it was warmer upstairs on the second floor
19 than it was on the first floor?

20 A Yes.

21 Q And did she indicate what steps they were
22 taking to deal with --

23 A No. She just came down from -- she just came
24 down the elevator and looked at me and she smiled
25 probably said hello. That was it. Then she left.

1 A Yes. Yes.

2 Q And I think you said if you knew it wasn't,
3 then you might have reacted differently; is that fair?

4 A Yes, sir.

5 Q That is because you would have been concerned
6 about having patients exposed to those conditions for a
7 period of time?

8 A Yes, sir. Yes, sir.

9 Q And that's something as a medical practitioner
10 would be important, to make sure that patients are not
11 exposed to excessive heat for long periods of time?

12 A Yes, sir.

13 Q And you actually saw some workers, and you
14 thought those workers were going to correct the
15 air-conditioning issues that existed there; is there
16 right?

17 A Yes.

18 Q Now, you said that they were actually taking
19 lights out of the nursing stations to try to reduce the
20 heat --

21 A Well --

22 Q -- around there?

23 A -- that's what the gentleman told me, that he
24 wanted to take out one of the bulbs to decrease the
25 amount of heat transmitted up. I didn't really argue

1 So, you know, we didn't really get into any
2 conversation as to the temperature, or, you know.

3 Q But the notation here that Mr. Smith had asked
4 you to take a look at indicated that you thought she was
5 comparing the temperatures between the first and the
6 second floor.

7 A Well, from what she said, it was warmer
8 upstairs than it is downstairs.

9 Q Okay. You believe that you left around
10 3:00 p.m., is that what you said?

11 A Yeah. Probably around that time, yes.

12 MR. MENTON: That's all the questions I have,
13 Doctor. Thank you.

14 REDIRECT EXAMINATION

15 BY MR. SMITH

16 Q I just have a couple of very brief follow-ups.

17 Mr. Menton asked you a question about the
18 medical examiner report, and you said something to the
19 effect of you don't have any basis to dispute the
20 medical examiner's findings.

21 Would it be fair to say you haven't really
22 reviewed the medical examiner's findings?

23 A No.

24 Q And you haven't conducted any kind of
25 investigation to either agree or disagree; is that fair?

1 A Exactly. Exactly.
 2 Q And the same would hold true, he asked you did
 3 you have any basis to dispute the decision to evacuate.
 4 Again, you haven't conducted any investigation
 5 to know whether it was a good decision, a bad decision,
 6 or indifferent, correct?
 7 A I have no evidence to refute anything that
 8 occurred.
 9 Q Right. And you have no evidence on the other
 10 way to say --
 11 A Neither.
 12 Q -- you agreed with it, right?
 13 A I do not.
 14 Q You just haven't reviewed it?
 15 A No, I have not.
 16 MR. SMITH: Okay. Thank you. That's all I
 17 have. Thank you very much, Doctor.
 18 Have you had a deposition before?
 19 THE WITNESS: Yes.
 20 MR. SMITH: Okay. You can read or waive
 21 reading of the deposition. It's entirely up to you
 22 whether you want to read it, make sure she got
 23 everything accurately, or if you want to waive
 24 reading and say, "I'm going to trust she has taken
 25 it all down accurately."

1 CERTIFICATE
 2 THE STATE OF FLORIDA,)
 3 COUNTY OF BROWARD.)
 4
 5 I, the undersigned authority, certify that
 6 Frances Cadogan, M.D., personally appeared before me and
 7 was duly sworn.
 8 WITNESS my hand and official seal this 26th
 9 day of January, 2018.
 10
 11 
 12 Michele L. Savoy, RMR
 13 My Commission No. FF 900298
 14 Expires August 6, 2019
 15
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1 THE WITNESS: I trust you, that you are taking
 2 it down accurately.
 3 (Thereupon, a discussion was held off the
 4 record.)
 5 MR. SMITH: I have no problem providing you a
 6 copy, and you can review; and they give you an
 7 errata sheet if there is anything you want to
 8 clarify.
 9 (Thereupon, at 3:59 p.m., the deposition was
 10 concluded.)
 11 (Witness excused.)
 12 - - - - -
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1 CERTIFICATE
 2 THE STATE OF FLORIDA,)
 3 COUNTY OF BROWARD.)
 4
 5 I, Michele L. Savoy, Shorthand Reporter, do
 6 hereby certify that I was authorized to and did report
 7 said deposition in stenotype; and that the foregoing
 8 pages, numbered from 1 to 32, inclusive, are a true and
 9 correct transcription of my shorthand notes of said
 10 deposition.
 11 I further certify that I am not an attorney or
 12 counsel of any of the parties, nor am I a relative or
 13 employee of any attorney or counsel or party connected
 14 with the action, nor am I financially interested in the
 15 action.
 16 The foregoing certification of this transcript
 17 does not apply to any reproduction of the same by any
 18 means unless under the direct control and/or direction
 19 of the certifying reporter.
 20 Dated this 26th day of January, 2018.
 21
 22 
 23 Michele L. Savoy, RMR
 24 My Commission No. FF 900298
 25 Expires August 6, 2019

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Exhibit 10

Phone Call Log

Calls Made To/Received Call by	Made By/Received By	Time	Date	Address	Supporting Documents if any	Summary of Call and/or Voicemail
Governor Scott Cell [REDACTED]	Natasha anderson, CEO of Larkin Behavioral Health Services	5:34pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	verizon phone record	I left a message informing that I was calling on behalf of Larkin Behavioral and The Rehabilitation Center of Hollywood Hills, in the message I stated that our AC transformer located on the FPL pole was tripped during Hurricane and we needed immediate assistance to reset it, as we did not have AC. Further I informed that FPL had been contated but not came out. In this message I also explained the population served Adults, Adolescent Behavioral Health individuals and,in the nursing home elderly individuals (some on oxygen). I left my cell phone number.
Florida Emergency Information Line 1-800-342-3557	Natasha anderson, CEO of Larkin Behavioral Health Services	5:36pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I identified myself as Natasha Anderson, CEO of Larkin Behavioral, informed that I was also calling on behalf of the Nursing Home. I informed the representative that the buildings AC transformer was struck. The representative gave me an emergency Tallahassee number (850-815-4925) to call to report. At no time during this phone call did anyone inform me to call 911. I spoke to the person who answered the phone (Jorge). I explained to Jorge the situation and expressed that we needed to be made a priority as we were a hospital and nursing home with over 162 patients, many of them elderly and on oxygen, as well as adult mental health and adolescent mental health patients. Jorge informed me that this matter would be escalated. I also informed him that we had contacted FPL and that our work order number was #4301. At no time during this phone call did anyone inform me to call 911.
Florida Emergency Line 850-815-4925 (Tallahassee)	Natasha anderson, CEO of Larkin Behavioral Health Services	5:39pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I spoke to Jorge, I asked if he had any new updates regarding our emergency, and he informed me that there were no new updates. He reassured me that this has been reported and escalated and that he would continue to follow-up. At no time during this phone call did anyone inform me to call 911.
Florida Emergency Line 850-815-4925 (Tallahassee)	Natasha anderson, CEO of Larkin Behavioral Health Services	6:57pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I spoke to Jorge, I asked if he had any new updates regarding our emergency, and he informed me that there were no new updates. He reassured me that this has been reported and escalated and that he would continue to follow-up. At no time during this phone call did anyone inform me to call 911.

Florida Emergency Line 850-245-4444 (Tallahassee)	Natasha anderson, CEO of Larkin Behavioral Health Services	7:29pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I received a call from the emergency center in Tallahassee informing me that they were working on our emergency. At this time, I provided information on both facilities. I also explained that we had over 162 patients between both facilities serving both elderly (some on oxygen) and adult and adolescent mentally-ill individuals. I was informed that I will be provided with an update. At no time during this phone call did anyone inform me to call 911.
Florida Emergency Line 850-245-4882	Natasha anderson, CEO of Larkin Behavioral Health Services	9:24pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I contacted the emergency line again to inform that I have yet to receive an update.
Florida Emergency Line 850-544-1457	Natasha anderson, CEO of Larkin Behavioral Health Services	9:57pm	9/11/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I received a call from the emergency line informing me that they were still working on my request but that there were no new updates to provide. I expressed once again the urgency of getting FPL to come reset the AC Chiller transformer. At no time during this phone call did anyone inform me to call 911.
Florida Emergency Line 850-245-4882	Natasha anderson, CEO of Larkin Behavioral Health Services	9:58am	9/12/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I contacted the Tallahassee emergency number to inquire if there were any updates as the problem had not yet been resolved. I was informed that there were many hospitals and healthcare facilities with FPL problems due to the hurricane such as Broward Health System and Memorial Healthcare and that they were also waiting to get issues resolved. I informed the representative that I understood, but I really just wanted to make sure that we are also made a priority since we had frail, elderly patients. At no time during this phone call did anyone inform me to call 911.
Governor Scott Cell [REDACTED]	Natasha anderson, CEO of Larkin Behavioral Health Services	9:59am	9/12/2017	1201 North 37th Avenue Hollywood FI 33021	Verizon phone record	I identified myself, Natasha Anderson CEO of Larkin Behavioral, I left a message informing him that this was my second time calling his cell to report our emergency related to the AC transformer. I informed him that the issue had not been resolved despite many calls and follow-ups to FPL. I informed him that I was calling on behalf of the Behavioral Health Hospital and the nursing home serving elderly (some on oxygen) patients and adults and adolescent mentally ill clients. I left my cell phone number for him to return my call.

Governor Scott Cell [REDACTED]	Natasha anderson, CEO of Larkin Behavioral Health Services	12:41pm	9/12/2017	1201 North 37th Avenue Hollywood FL 33021	Verizon phone record	I identified myself, Natasha Anderson CEO of Larkin Behavioral calling on behalf of the hospital and nursing home, in the message I informed that we have yet to receive help from FPL. In the message, I informed him that FPL needed to make us priority and, regardless of my many attempts and follow-ups, they had yet to show up. I left my cell phone number for him to return my call.
Yanet Lopez, Director of Safety for Larkin Behavioral Health Services [REDACTED]	Natasha anderson, CEO of Larkin Behavioral Health Services	12:48pm	9/12/2017	1201 North 37th Avenue Hollywood FL 33021	Verizon phone record	I requested that Yanet contact the Director of Engineering from Memorial Regional Hospital to inquire whether or not they had AC spot coolers that we could borrow in order to maintain temperature and also as a backup just in case ours stopped working.
Yanet Lopez, Director of Safety for Larkin Behavioral Health Services [REDACTED]	Natasha anderson, CEO of Larkin Behavioral Health Services	12:55pm	9/12/2017	1201 North 37th Avenue Hollywood FL 33021	Verizon phone record	I received a call informing me that Memorial had 4 spot coolers that we could borrow. I requested that Yanet coordinate delivery of spot coolers as soon as possible.
Agency for Healthcare Administration (AHCA) 850-412-4426	Natasha anderson, CEO of Larkin Behavioral Health Services	4:41pm	9/12/2017	1201 North 37th Avenue Hollywood FL 33021	Verizon phone record	I recieved a call from AHCA on behalf of the emergency operation center to get updated information. At this time, I informed Susan that Larkin Behavioral Health Services (the psychiatric hospital in the same building as the nursing home) had stopped receiving patients as of 9/12/17 at 10:00 a.m. due to the FPL AC transformer being struck. I further informed Susan of all our efforts and everyone that we have contacted. Susan requested our FPL account number for the facility. I conferenced James Williams, Director of Engineering, on the call and he provided Susan with all of the account numbers for the facility and also the FPL work orders. Susan informed us that she would note that we still needed assistance for Behavioral Health and for the nursing home. At no time during this phone call did anyone inform me to call 911.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	3:50pm	9/10/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Spoke to a live person. FPL was informed of AC issue and the urgency of the request.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	4:07pm	9/10/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.

FPL 1-800-226-3545	Joselin Rosario, Director of Environmental Services for Nursing Home/Larkin Behavioral	1:14am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Spoke to a live person and informed that AC issue was not resolved, she informed that we had electric but needed AC issue resolved because it was a nursing home with elderly frail individuals, some on oxygen. She was told by FPL representative that nursing home was not priority because we had electric and that those without electric are being made priority. She proceeded to inform that we must be made priority as we were a nursing home with elderly, some on oxygen and residents needed AC.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	1:17am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	1:18am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	7:00am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	11:00am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	11:02am	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	2:52pm	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	2:57pm	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.

FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	11:04pm	9/11/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	Joselin Rosario, Director of Environmental Services for Nursing Home/Larkin Behavioral	5:51am	9/12/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-226-3545	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	8:36am	9/12/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
FPL 1-800-468-8243	James Williams, Director of Engineering for Nursing Home/Larkin Behavioral	8:44am	9/12/2017	1200 North 37th Avenue Hollywood, FL 33021	phone record	Automated Message.
Mark Early, Corporate CFO	Sandy Sosa-Guerrero, Corporate CEO	12:30pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Sandy Sosa-Guerrero requested that I work with team to locate additional spot coolers for Larkin Behavioral and Nursing Home.
Jorge Carballo, Nursing Home Administrator	Mark Early, Corporate CFO	1:59pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Call was made to follow up. Was not able to reach anyone.
Jorge Carballo, Nursing Home Administrator	Mark Early, Corporate CFO	2:04pm	9/12/2017	5996 SW 70th Street		Call was made to follow up. Was not able to reach anyone.
Jorge Carballo, Nursing Home Administrator	Mark Early, Corporate CFO	2:16pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Followed up with Jorge to make sure that follow up had been made with FPL and Governor.
Jorge Carballo, Nursing Home Administrator	Mark Early, Corporate CFO	2:01pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		texted Jorge Carballo requesting him to call me asap to explore alternative options if any with generator to power chiller.
James Williams, Director of Engineering	Mark Early, Corporate CFO	2:21pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Followed call to make sure that follow up had been made with FPL and Governor, was not able to reach due to phone services down.
James Williams, Director of Engineering	Mark Early, Corporate CFO	2:33pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Followed call to make sure that follow up had been made with FPL and Governor.
Crystal Culbertson, Regional Director Field Services	Hary De La Cruz, Larkin Community Hospital Director of Purchasing	2:53pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Left an URGENT message requesting 4-6 spot coolers for Nursing Home.
Governor Scott Cell	Mark Early, Corporate CFO	4:00pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Automated Message stating that no one was available.

Joy Williams, Regional Director of Premier Inc.	Hary De La Cruz, Larkin Community Hospital Director of Purchasing	4:52pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Was provided with an update regarding their efforts to obtain additional spot coolers.
Sandy Sosa-Guerrero, Corporate CEO	Mark Early, Corporate CFO	6:27pm	9/12/2017	5996 SW 70th Street South Miami, FL 33143		Provided an update on efforts to obtain spot coolers for the Nursing Home Building. Advised CEO that the Purchasing Director was in contact with multiple vendors in efforts to secure additional spot coolers. voice mail message 2 minute duration - Governor
Governor Rick Scott Cell [REDACTED]	Jorge Carballo Administrator /CEO Rehabilitation Center at Hollywood Hills	9:43 AM	9/12/2017	1200 N. 35th Avenue Hollywood, FL 33021	T-Mobile Phone records	Scott this is Jorge Carballo Administrator for Hollywood Hills located at 1200 N. 35th Ave Hollywood FL 33021 we are a 152 Skilled Nursing Home with out AC - FPL Ticket # 4301 would appreciate your assistance in expediting our request in FPL. Not having AC dehydrates seniors and Hollywood is under a water boil zone currently we need help FPL ticket # 4301 thank you!!!"
Governor Rick Scott Cell [REDACTED]	Jorge Carballo Administrator /CEO Rehabilitation Center at Hollywood Hills	9:46 AM	9/12/2017	1200 N. 35th Avenue Hollywood, FL 33021	T-Mobile Phone records screen shot of text message	1200 N. 35th Ave Hollywood FL 33021 152 Skilled Nursing Home FPL Ticket # 4301 Not having AC dehydrates seniors and in water boil zone need help FPL ticket # 4301 thank you!!!
Susan Glass AHCA [REDACTED]	Jorge Carballo Administrator /CEO Rehabilitation Center at Hollywood Hills	4:17 PM	9/12/2017	1200 N. 35th Avenue Hollywood, FL 33021	T-Mobile Phone records Governor's Time Line L-1 Susan Glass e-mail	received a call from Susan Glass at AHCA to get a status on our Nursing Home, I explained we had lost AC due to a Transformer that powers Chiller but had Partial power and was using fans and Spot Coolers. I informed Ms. Gass that we had contacted FPL and Generated a work order ticket # 4301 and welcomed assistance. She informed me that she would update my FLHealthSTAT database and to contact 911 if we had any emergencies.

Exhibit 2

EXECUTIVE SUMMARY

Date: February 28, 2018
To: United States Senate Committee on Finance
RE: Response to David Berick Jan. 23 inquiry about the evacuation of Lake Arthur Place and Cypress Glen facilities in Port Arthur, Texas after 2-17 Hurricane Harvey
Contact: Kelly Morrison, Senior Care Centers General Counsel

Dear Mr. Berick,

Below please find the Senior Care Centers response to the questions you sent on Jan. 23 regarding the flooding and evacuation of our two facilities in Port Arthur, Texas, Cypress Glen and Lake Arthur Place, after Hurricane Harvey in 2017.

1. For what services has each of these facilities been licensed by the State of Texas to provide, and to what extent are these services subject to CMS conditions of participation and regulation?

All of the services provided by Cypress Glen and Lake Arthur Place are subject to the conditions of participation and regulatory oversight of the Center for Medicare and Medicaid Services and the Texas Department of Health and Human Services. As such, the facilities were subject to annual health inspection surveys to confirm all the regulatory processes and procedures were being followed.

- Exhibit A: Cypress Glen Nursing Facility License
- Exhibit B: Lake Arthur Place Nursing Facility License

2. HHSC has told us the nursing homes and assisted living facilities in Texas are required to have detailed written emergency response plans. Please provide copies of the emergency plans for both Lake Arthur Place and Cypress Glenn, including any related policies, procedures, evacuation procedures, and transfer agreements with other facilities in the event of an evacuation. Also provide documentation of any approvals/ reviews of your emergency plans by state or local agencies.

- EXHIBIT C: Lake Arthur Place Disaster Preparedness Plan
- EXHIBIT D: Cypress Glen Disaster Preparedness Plan
- EXHIBIT E: Hurricane Plan Supplement to Disaster Preparedness Plan for all Senior Care Centers (applicable to both facilities)
- EXHIBIT F: Cypress Glen 2017 Annual Survey
- EXHIBIT G: Lake Arthur Place 2016 Dec Annual Survey (most recent)

3. To what extent were the emergency plans for these two facilities, specifically, and others within your company's system, generally, in conformance with CMS's updated emergency preparedness and response regulations published in September 2016 (81 Fed. Register 63860 – 64044)?

The emergency plans for both facilities were reviewed and approved in each facility's annual surveys in 2016 and 2017 given that neither of the referred surveys indicated deficiencies in connection with the emergency plans. Please see Exhibit F and G as referenced above.

- EXHIBIT F: Cypress Glen 2017 Annual Survey
- EXHIBIT G: Lake Arthur Place 2016 Dec Annual Survey (most recent)

The previous week when Hurricane Harvey made landfall near Corpus Christi, we followed our documented process to safely evacuate three facilities in the predicted strike zone. The situation in Port Arthur was an unforeseen catastrophe that local authorities could not have predicted, and we followed our process for choosing to evacuate or shelter in place for both instances.

4. **Please provide a timeline of any communications (before, during and following the hurricane) between on-site and off-site Senior Care Centers' management and staff and any local or state authorities regarding preparation, response, and ultimately the evacuation of Lake Arthur Place facility.**

Please see Exhibit H: Timeline of Events Hurricane Harvey Evacuation.

5. **Please provide a timeline of any communication (before, during and following the hurricane) between on-site and off-site Senior Care Centers' management and staff and any local or state authorities regarding preparation, response, and ultimately the evacuation of Cyprus Glen facility.**

Please see Exhibit H: Timeline of Events Hurricane Harvey Evacuation.

6. **Please describe the process, including designation of the personnel responsible for making the decision, that Senior Care Centers follows, generally, to determine if a facility will "shelter in place," and for these two facilities specifically.**

Senior Care Centers follows the local authority order to shelter in place or evacuate. Industry guidance suggests that sheltering in place – unless evacuation is the only other alternative – is the safest and least traumatic to the residents.

During the rain after Hurricane Harvey, Port Arthur was told to "shelter in place" by the local authorities, and we followed this order until the need to evacuate due to the incoming water in our facilities necessitated evacuation. At that time, evacuation by our planned resources became impossible due to the flooding of the roads that made them impassible.

This process was followed at three of our Corpus Christi locations that followed the mandatory evacuation order and residents were relocated and returned to their facility without incident.

Exhibit I: Port Arthur Mayor Confirming No Evacuation Order

7. **Please describe the process, including designation of the personnel responsible for making the decision, that Senior Care Centers follows, generally, to determine if and when it will initiate an evacuation during or after a precipitating event, and for these two facilities specifically.**

Senior Care Centers' president of operations led the decision-making process in the field, and the local regional vice president led the communications with the local Federal Emergency Management office and our transportation resources. The two local administrators also

maintained communication with employees and the local authorities that arrived to carry out the evacuation.

8. Please describe the procedures established by your company, and the extent to which they were used, for notification of families and legal guardians of residents of emergency conditions at your company's nursing facilities of emergency or hazardous conditions, generally, and for Lake Arthur Place and Cyprus Glen specifically.

On June 12, 2017 letters were sent to the responsible parties for all patients and residents of our facilities located in the potential impacted regions of a hurricane. In that letter, we advised that Senior Care Centers would use the category of the storm and the direction from the local authorities to base our decision of whether to evacuate or shelter in place. In that letter, we also advised of the potential risks and living conditions both options would present to their loved one in our care.

- Exhibit S: SCC Evacuation Letter 2017

Regarding the two impacted Port Arthur facilities, our local facility teams were responsible for communication with families who called or reached out to the facilities in person. We also posted regular updates to both facility Facebook pages, as well as our corporate Facebook page to reach a broader audience, which we had advised the responsible parties in the June 12 letter we would do in the event of a hurricane. After the evacuation of the two Port Arthur facilities, our legal risk team assumed responsibility for calling families and responsible parties.

However, the Texas Department of Health and Human Services did not supply us with the new locations of the residents that were evacuated, and we were told that our patients and residents who were evacuated no longer were Senior Care Centers' responsibility. The Senior Care Centers nurses and aides who accompanied these fragile patients during the evacuation were denied transport on the air lifts that evacuated our patients and residents. Because the face sheets and documentation for all patients and residents had been securely stored in another receptacle, this meant that these patients and residents were transported without any documentation for their legal name, identity or medical condition to unknown locations. Our staff was denied access or information as to their whereabouts for days yet still responsible to our families for updates on their loved ones' status and location.

However, due to our moral obligation to provide care for our families, patients and residents, we spent approximately seven days searching regional facilities where we had been told our patients and residents had been relocated to confirm the well-being and location of the patients and residents of Cypress Glen and Lake Arthur Place.

9. Describe the recent regulatory history of the Lake Arthur Place and Cyprus Glen facilities (e.g., inspections, surveys, corrective action, re-certification, and relicensing, including those conducted on behalf of CMS).

Included are the following inspection and survey documents.

- Exhibit J: Cypress Glen 2013 Annual Survey

- Exhibit K: Cypress Glen 2014 Annual Survey
- Exhibit L: Cypress Glen 2015 Annual Survey
- Exhibit F: Cypress Glen 6/7/2017 Health Inspection Survey
- Exhibit M: Cypress Glen 7/19/2017 Complaint Inspection Report
- Exhibit N: Lake Arthur Place 2013 Annual Survey
- Exhibit O: Lake Arthur Place 2014 Annual Survey
- Exhibit P: Lake Arthur Place 2015 Annual Survey
- Exhibit Q: Lake Arthur Place 2016 Annual Survey
- Exhibit G: Lake Arthur Place Dec 2016 Annual Survey

Exhibit 3

Timeline of Events Hurricane Harvey Evacuation
Cypress Glen and Lake Arthur Place

August 29, 2017

5 p.m.

- Houston, Beaumont and Port Arthur areas ordered to “shelter in place” by local authorities.

9:59 p.m.

- False reports on Facebook about Cypress Glen residents sitting in water was circulating, but there was no water in this facility at this time.
- Lake Arthur Place had water in two rooms with water coming in the front, back and therapy room doors. The facility had sandbags in place to keep additional water out of the facility.
- The administrator of Summer Place Nursing & Rehabilitation in Beaumont, Texas was picking up employees for shifts in his truck because the water in the roads had risen to make them impassible for smaller vehicles.

August 30, 2017

Midnight

- Regional Vice President informed that both facilities were taking on more water.
- RVP called fire department but was told there was nothing they could do due to other fires they were battling and one engine being stalled in the water.
- RVP instructs both facility administrators to measure the water levels in each facility and record.

12:50 a.m.

- Water level rises to seven inches in both facilities.

1:20 a.m.

1. Water level recorded as 8.2 inches in both facilities.

1:45 a.m.

- Water level recorded as 9 inches in both facilities.

2 a.m.

- Water had risen to approximately nine inches in both Cypress Glen and Lake Arthur Place.
- Local authorities were called for evacuation, but we were informed they were “too swamped” with other emergency calls.
- Officials informed us they were notifying the National Guard for assistance with evacuation, but we were not given a timeline of when to expect them.
- Facility staff prepared the patients and residents with face sheets, medications and notification of what type of care the individual needed to receive.

- Power and water were shut off to both facilities to avoid sewage backup or hazardous electrical problems.
- Patients and residents were moved to the highest points in each facility and into the hallways to prepare for evacuation.

3:10 a.m.

- Water level recorded as 9.5 inches in both facilities.

4 a.m.

- Water receded one inch in both facilities.
- National Guard informed us that they were unable to access either facility.

5 a.m.

- Water level recorded as 8 inches in both facilities.

8 a.m.

- Both facilities had about eight inches of water in the entire buildings.
- All emergency agencies were aware of our situation but unable to provide evacuation at that time.
- Families were being contacted to inform them that both facilities were sheltering in place, had taken water in the facility and will be evacuated if the authorities are able to provide evacuation.

10 a.m.

- RVP leaves messages with Dorthea Redford at DADS and Carmen Apple with the Texas Emergency Management District Coordinator with no return calls. We were told that all state emergency officials were in a meeting with the governor from about 10a-12.

11:44 a.m. through 5: 56 p.m.

- After facility administrators were unsuccessful mobilizing local authority resources, Regional Vice President engaged in 19 telephone calls with THHS/DADS, Texas Emergency Management Division contacts and the contracted ambulance service company.

1 p.m.

- SCC RVP spoke with Carmen Apple and informed her that we have residents still sitting in water. She said she had other emergencies to deal with in 6 counties and they were prioritizing and we were a topic in their discussions but no decisions had been made. Carmen handed the phone to a Lieutenant pilot with unknown agency who spoke with the RVP about evacuating all of our residents via air (helicopters) but said he would need to "crunch the numbers" after hearing the amount of people needing to be evacuated.

~1:30 p.m.

- Unknown volunteers came to both facilities in boats and claimed to be with different agencies but could not provide valid identification. The volunteers forced open the facility exterior doors, and by doing so breached the sandbags' water intrusion barrier. As a result, water levels inside the facility rose to approximately 18 inches.
- The Lake Arthur Place administrator questioned their authority and credentials. The volunteers assaulted him and drew a gun to forcibly remove the patients and residents of Lake Arthur Place.
- The volunteers did not disclose where they were evacuating the patients and residents and locked the Lake Arthur Place administrator in his office while they carried out their unauthorized evacuation.

~2 p.m.

- Members of the National Guard arrived at Cypress Glen and showed valid identification to the Cypress Glen administrator.
- Evacuation began of Cypress Glen under the supervision of the National Guard.
- SCC employees were denied transportation with their patients and residents – some of whom were Memory Care patients who physically were unable to communicate their condition or identity.

4 p.m.

- SCC Chief Clinical Officer called DADS and was told that Lake Arthur residents were taken to two hospitals in Beaumont.
- The SCC administrator from Beaumont traveled to Cypress Glen via a jet ski and was told that our residents were taken to the Port Arthur Little Theatre.
- We were informed that the Little Theatre was a holding spot until they could be transferred to the hospital.

For additional details on this timeline including local authority statements and statements by the “volunteers” please see Exhibit R: Pierce, Matt. “After Harvey hit, one Texas nursing home evacuation began with a gun drawn,” Los Angeles Times. September 29, 2017.

EXHIBIT B

Hurricane Harvey Timeline

Date	Time	Senior Care Centers	Government Organizations
8.17.2017 Thursday	Mid-day		Tropical Storm being followed in the Atlantic near Lesser Antilles. Heavy Rain and winds. <i>The Weather Channel Houston Chronicle</i>
8.19.2017 Saturday	10:00pm		Harvey downgraded to Tropical Wave <i>Houston Chronicle</i>
8.23.2017 Wednesday	10:00am		Harvey upgraded to Tropical Depression after experts find a more defined center <i>The Weather Channel Houston Chronicle</i>
8.24.2017 Thursday	Midnight		Harvey upgraded to Hurricane and rapidly became a category 2 Hurricane. <i>National Hurricane Center</i>
			In 56 hours Harvey grew from Tropical Depression into Category 4 Tropical Depression. <i>The Weather Channel</i>
8.24.2017 Thursday	5:30pm		Ignore unfounded, unsourced weather predictions that have needlessly frightened Houstonians. <i>@SylvesterTurner Twitter (Houston Mayor)</i>
8.24.2017 Thursday	11:00 am		The City of Port Aransas Emergency Management Plan activated, and city issued mandatory evacuation. Port Aransas is 298 miles southwest from Port Arthur and due east of Corpus Christi. <i>WFAA Channel 8</i>
8.24.2017 Thursday	11:50am		Jefferson County Judge Jeff Branick issues Declaration of Disaster under Tex. Gov. Code 418.108, activating the County Emergency Management Plan.

Date	Time	Senior Care Centers	Government Organizations
			The Declaration does not address evacuation. No evacuation order, voluntary or mandatory. ¹
8.24.2017 Thursday			Port Arthur Mayor signed the disaster declaration to address the impacts this storm would have on the city. <i>Channel 6</i> article on 8.29.17
8.24.2017 Thursday	Early Afternoon		Calhoun County (Includes the town of Port Lavaca, 78 miles north east of Port Aransas, 239 miles southwest of Port Arthur) and San Patricio County (Just north of Corpus

¹ See [TEX Gov. Code 418.108](#). Sec. 418.108. DECLARATION OF LOCAL DISASTER. (a) Except as provided by Subsection (e), the presiding officer of the governing body of a political subdivision may declare a local state of disaster.

(b) A declaration of local disaster may not be continued or renewed for a period of more than seven days except with the consent of the governing body of the political subdivision or the joint board as provided by Subsection (e), as applicable.

(c) An order or proclamation declaring, continuing, or terminating a local state of disaster shall be given prompt and general publicity and shall be filed promptly with the city secretary, the county clerk, or the joint board's official records, as applicable.

(d) A declaration of local disaster activates the appropriate recovery and rehabilitation aspects of all applicable local or interjurisdictional emergency management plans and authorizes the furnishing of aid and assistance under the declaration. The appropriate preparedness and response aspects of the plans are activated as provided in the plans and take effect immediately after the local state of disaster is declared.

(e) The chief administrative officer of a joint board has exclusive authority to declare that a local state of disaster exists within the boundaries of an airport operated or controlled by the joint board, regardless of whether the airport is located in or outside the boundaries of a political subdivision.

(f) The county judge or the mayor of a municipality may order the evacuation of all or part of the population from a stricken or threatened area under the jurisdiction and authority of the county judge or mayor if the county judge or mayor considers the action necessary for the preservation of life or other disaster mitigation, response, or recovery.

(g) The county judge or the mayor of a municipality may control ingress to and egress from a disaster area under the jurisdiction and authority of the county judge or mayor and control the movement of persons and the occupancy of premises in that area.

(h) For purposes of Subsections (f) and (g):

(1) the jurisdiction and authority of the county judge includes the incorporated and unincorporated areas of the county; and

(2) to the extent of a conflict between decisions of the county judge and the mayor, the decision of the county judge prevails.

(i) A declaration under this section may include a restriction that exceeds a restriction authorized by Section [352.051](#), Local Government Code. A restriction that exceeds a restriction authorized by Section [352.051](#), Local Government Code, is effective only:

(1) for 60 hours unless extended by the governor; and

(2) if the county judge requests the governor to grant an extension of the restriction.

Acts 1987, 70th Leg., ch. 147, Sec. 1, eff. Sept. 1, 1987. Amended by Acts 2003, 78th Leg., ch. 33,

Date	Time	Senior Care Centers	Government Organizations
			Christi) issue mandatory evacuations.
8.24.2017 Thursday	11:30pm	Costal Palms Care Center in Portland, Texas: Most medically fragile nine residents unable to ride on a bus from Costal Palms are transferred to River Ridge in Corpus Christi	Area under Mandatory Evacuation
8.24.2017 Thursday	11:30pm	Costal Palms Care Center in Portland, Texas evacuated to Senior Care Centers at Pecan Valley Rehab and Healthcare in San Antonio via commercial bus	Area under Mandatory Evacuation
8.24.2017 Thursday	11:30pm	Pavilion in Portland, Texas evacuated to Lakeside Care Center in San Antonio via commercial bus and private vehicles.	Area under Mandatory Evacuation
8.24.2017 Thursday	11:30pm	Westwood Care Center in Corpus Christi, Texas evacuated to Senior Care Centers Corpus Assisted Living in Corpus Christi with authority from Governor to move from SNF to ALF	Area under Voluntary Evacuation
8.24.2017 Thursday		Preparations going on at Lake Arthur Place and Cypress Glen to shelter in place. Andrea Coleman Interview.	
8.25.2017 Friday	1:50am	Costal Palms residents arrive at Pecan Valley	
8.25.2017 Friday	Morning		<u>Mandatory Evacuation</u> ordered for Aransas County, Cities of Aransas Pass and Rockport, Parts of Brazoria County, Calhoun County, Chambers County, Parts of Matagorda County, Parts of Nueces County, and Refugio County

Date	Time	Senior Care Centers	Government Organizations
			<p><u>Voluntary Evacuation:</u> Bee County, Cameron County, including South Padre, Parts of Chambers County, Parts of Galveston County, Jackson County, Kleberg County, and Victoria County</p> <p><u>NO Evacuation:</u> Jefferson County, Kenedy County (Just south of Corpus Christi, Nueces County) Willacy County</p> <p><i>WFAA Channel 8</i></p>
<p>8.25.2017 Friday</p>	<p>11:49am</p>		<p>“Think twice before trying to leave Houston en mass. No evacuation orders have been issued for the city.” <i>@SylvesterTurner Twitter</i> (Houston Mayor)</p>
<p>8.25.2017 Friday</p>	<p>Reported list sent 12:49pm</p>	<p>Lake Arthur Place and Cypress Glenn called responsible parties and confirmed which patients would be picked up by responsible parties, which would be evacuated by the facility and which would be picked up by family in the event of an evacuation. Emails to Sharla Davidson.</p>	
<p>8.25.2017 Friday</p>	<p>Noon</p>		<p>City of Seabrook issued voluntary evacuation. <i>Channel KHOU in Houston.</i> Seabrook is on the coast south east of Houston and North West of Galveston.</p>
<p>8.25.2017 Friday</p>	<p>2:00pm</p>		<p>Hurricane Harvey upgraded to Category 3 hurricane. <i>National Weather Service.</i></p>
<p>8.25.2017 Friday</p>	<p>2:32pm</p>		<p>Francisco Sanchez spokesman for Harris County Office of Homeland Security urged people to listen to local leaders and shelter in place. <i>Twitter</i></p>

Date	Time	Senior Care Centers	Government Organizations
8.25.17 Friday	Afternoon		"If we wanted to call an evacuation, we wouldn't even know where to call it, 'cause we don't know where the rain's going to fall and which watersheds are going to be affected," Harris County Judge Ed Emmett said at a news conference Friday. <i>NPR</i>
8.25.2017 Friday	Friday News Conference		Gov. Abbott stated: "Even if an evacuation order hasn't been issued by your local official, if you're in an area between Corpus Christi and Houston you strongly need to consider evacuating." <i>Wall Street Journal</i> (8.27.17 at 11:41pm) Note: Port Arthur is 90 miles east of Houston and 298 miles east of Corpus Christi.
8.25.2017 Friday	4:31pm		Harris County Judge Ed Emmitt gave news conference on why he told Houston residents not to evacuate despite the governor's comment. <i>Twitter</i>
8.25.2017 Friday	6:00pm		Hurricane Harvey became a category 4 Hurricane by the end of the day. <i>National Weather Service</i>
8.25.2017 Friday	6:00pm edition		"Because so many Texans in the mid-coastal region were expected to be fleeing the storm, officials on the eastern coast [of the Gulf] urged their residents to remain in place to prevent nightmarish logjams on state highways." <i>The Texas Tribune</i> . This included Port Arthur.

Date	Time	Senior Care Centers	Government Organizations
8.25.2017 Friday	10:00 pm		Landfall of Hurricane near Port Aransas and Rockport about 30 miles from Corpus Christi. Winds were up to 130 mph. <i>The Weather Channel</i>
8.26.2017 Saturday	2:00am		Hurricane Harvey downgraded to Category 3 hurricane, centered about 15 miles inland. <i>National Weather Service.</i>
8.26.2017	4:00am		Hurricane Harvey downgraded to Category 2 hurricane. <i>National Weather Service.</i>
8.26.2017	5:00am		Hurricane Harvey downgraded to Category 1 hurricane. <i>National Weather Service.</i>
8.26.2017 Saturday	Morning		Houston mayor again warned of heavy rain but emphasized NOT to evacuate. <i>Washington Post</i>
8.26.2017 Saturday	Morning		Harvey downgraded to Tropical Storm. <i>National Weather Service.</i>
8.27.2017 Sunday	8:45 am		Former director of National Hurricane Center, Bill Read, states: Here's the challenge. Local officials were emphasizing that people should NOT evacuate for the heavy rain threat, and I think for good reason. Because of our topography, feet of rain would put millions of people's homes at risk. Big floods over the past 20 years have extended outside the 100 year flood plain and in some cases outside the 500 year event. The "where and how fast the rain will fall" won't be known except in the short term so giving specific flood warning as to who is impacted is not possible this far in advance. Exactly who would you tell to

Date	Time	Senior Care Centers	Government Organizations
			leave? As the Rita evacuation (should have) taught us, you cannot efficiently move 2 million people from Houston area. <i>Forbes</i> .
8.28.2017 Sunday	11:51am		Jefferson County Judge Jeff Branick issued mandatory evacuation for Bevil Oaks (a small low-lying area southwest of Beaumont) and Northwest Forest subdivision. Also, voluntary evacuations for the area north of Broussard Road (near Beaumont). <i>Channel 6 KFDM</i> . No evacuation order for Port Arthur.
8.28.2017 Sunday	Noon		There had already already 50 water rescues in Jefferson County by this time. Also, I-10 was closed in Jefferson County due to flooding. This made travel on roads already dangerous. <i>Channel 6 KFDM</i>
8.28.2017 Sunday	3:15pm	Westwood Care Center in Corpus Christi: residents returned to facility without incident	
8.28.2107 Sunday	Exact Time Unknown		All Drainage District Number 7 pumps serving the Port Arthur and Jefferson County area were filled with diesel fuel. Post-Hurricane investigation shows that the conditions in Harvey caused fuel to be used up much quicker than anticipated. <i>The Port Arthur News</i>
8.29.2017 Monday	Morning		Port Arthur City Council voted to extend disaster declaration for an additional week. No mandatory evacuation issued. Moderate street flooding in Port Arthur. <i>Channel 6 KFDM</i> .

Date	Time	Senior Care Centers	Government Organizations
8.29.2017 Monday	Morning		Fort Bend and Brazoria County under mandatory evacuation (Southwest of Harris County)
8.29.2017 Monday	Evening		National Weather Service meteorologist Roger Erickson called Jefferson County Judge Banick to advise him that Harvey had shifted: "Hold on: You're going to get hammered" "By then it was too late to evacuate," Banick said. Escape routes around the area had flooded. <i>LA Times</i>
8.29.2017 Monday	Dinner	Dinner served to residents at their usual time. Andrea Coleman Affidavit.	
8.29.2017 Monday	Post-flood interview Quote about Tuesday Evening		Jefferson County Judge Jeff Branick, said he was closely following the weather forecast, which initially suggested that Port Arthur would be spared the worst of the deluge and receive no more than 15 inches of rain over a week. As the days passed, the forecasts started calling for closer to 20 inches of rain in southeast Texas, then 30 inches. Still, Branick said, "We thought up until the last night" — Aug. 29, a Tuesday — "everything was going to be OK." <i>LA Times</i>
8.29.2017 Monday	10:00pm	Lake Arthur Place and Cypress Glenn have sandbags in place. Cindi Faulkner email.	
8.29.2017 Monday	10:22pm	Jay Campbell called Cindi Faulkner to inform her of the intense rain in Port Arthur. Cindi Faulkner email.	

Date	Time	Senior Care Centers	Government Organizations
8.29.2017 Monday	Approximately 10:45pm	Andrea Coleman called Acadian Ambulance and spoke with Mary Ann. She also called 911 to report the flooding and request help. Neither Acadian nor 911 was able to provide help. She also called Charlotte Moses, a member of Port Arthur city council to ask if there were other resources that could help. Andrea Coleman Statement to Port Arthur Police 9.20.2017.	
8.29.2017 Monday	10:45/11:00pm	LAP began placing resident in the hallways and in higher parts of the facility. Each resident was fitted with an orange evacuation vest which contained their medication, medication lists (MARS) and face sheets. An extra set of dry clothes was placed with each resident. Also, began contacting responsible parties for resident on their status. Andrea Coleman Affidavit.	
8.29.2017 Monday	11:30 pm	Lake Arthur Place water coming in front and back and therapy room. Sandbags holding back more water. Cindi Faulkner email. Informed by Jay Campbell.	
8.29.2017 Monday			A record breaking 26.03 inches of rain reported for 24-hour period in Jefferson County. <i>Jackson Brooks Regional Airport records and The Weather Channel</i>

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	Midnight	Lake Arthur Place and Cypress Glenn taking on more water. RVP (Jay Campbell) instructs administrators to measure water levels and record. RVP called Port Arthur Fire Department again and was told that there was nothing they could do because of fires they were battling and one engine stalled. Cindi Faulkner email.	
8.30.2017 Tuesday	12:10am (approx.)	RVP and James Davidson (Administrator at Summer Place) contact Jason Cooper at Acadian to see if they can evacuate residents from Lake Arthur Place and Cypress Glenn. Cindi Faulkner email.	
8.30.2017 Tuesday	12:20am (approx.)	Jason at Acadian cannot evacuate due to flooding. He said he spoke with Dorthea Redford with DADS and they were sending the National Guard to evacuate both facilities to Beaumont. Andrea Coleman Affidavit.	
8.30.2017 Tuesday	12:50am	Lake Arthur Place and Cypress Glenn water measured at 7 inches. Jay Campbell and Cindi Faulkner email.	
8.30.2017 Tuesday	1:20am	Lake Arthur Place and Cypress Glenn water measured at 8.2 inches. Cindi Faulkner email.	
8.30.2017 Tuesday	1:45am	Lake Arthur Place and Cypress Glenn water measured at 9 inches. Cindi Faulkner email.	

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	2:00am		Drainage District No. 7 Alligator Bayou Pump Station began to take on water with the stations bottom floor reaching chest level. Manager Phil Kelly said “had we not gotten the water out we would have lost the whole system” <i>Channel 6 KFDM.</i>
8.30.2017 Tuesday	2:00am	Port Arthur Fire and Police continue to say they cannot evacuate because they were too swamped with other calls. Cindi Faulkner email.	
8.30.2017 Tuesday	2:00am	Power and water were shut off at both facilities to avoid further problems. Generators on and working. Electrical outlets at the bottom of wall off. Emergency outlets halfway up wall still working with generators. O2 concentrators working and plugged into emergency outlets. Cindi Faulkner email. Kenosha Riles DON Cypress Glen interview	
8.30.2017 Tuesday	3:10am	Lake Arthur Place and Cypress Glenn water measured at 9.5 inches. Cindi Faulkner email.	
8.30.2017 Tuesday	3:15am	Jay Campbell informed that National Guard could not make it through the flood waters for an evacuation. Cindi Faulkner email.	

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	3:47 am		Bob Bowers Civic Center, a shelter in Port Arthur, flooded and evacuees had to be rescued and taken to Lamar University. The Civic Center is 1.7 miles from Cypress Glen. Pictures show water level up to bottom of cots at the Civic Center. <i>Channel 12 News Now Twitter @12NewsNow</i>
8.30.2017 Tuesday	4:00am	Lake Arthur Place and Cypress Glenn water measured at 8.5 inches. Cindi Faulkner email.	
8.30.2017 Tuesday	5:00am	Lake Arthur Place and Cypress Glenn water measured at 8 inches. Cindi Faulkner email.	
8.30.2017 Tuesday	6:00am		Gulf Health Care Center located at 6600 Ninth Avenue Port Arthur, TX 77642 located just down the street from Cypress Glen flooded at approximately the same time as Lake Arthur Place and Cypress Glenn. They were unable to secure evacuation from their transport company as well. Some volunteer rescuers were able to evacuate the Gulf Health residents sometime on Tuesday in the early morning hours with the evacuation being completed in the early morning hours. Sharla Davidson Senior Care Director of Clinical Operations discussion with Gulf Health personnel.

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	Morning	Despite all the water, the residents were all placed up out of the water. No cords or tubing was draped in the water. There was still appropriate dietary food for the residents. Clean linens had not run out. Supplies had not run out. Medications had not run out. The generator was still on and running with all necessary medical equipment still running. Kenosha Riles DON Cypress Glen interview. Andrea Coleman Director of Nursing Lake Arthur Place Affidavit.	
8.30.2017 Tuesday	8:00am	Families contacted to inform them of water in facilities and status of evacuation. SCC Timeline.	
8.30.2017 Tuesday	10:00am	RVP Jay Campbell called DADS (Dorthea Redford) again and Texas Emergency Management District Coordinator (Carmen Apple). Left messages and got no return calls. SCC Timeline.	
8.30.2017 Tuesday	10:00am – 12:00am		State emergency officials in meeting with governor and unable to take phone calls.
8.30.2017 Tuesday	11:44 (all afternoon)	RVP, Jay Campbell, engaged in 19 telephone calls with THHS/DADS, Texas Emergency Management Division and Acadian (contracted transport company for both facilities) to help with evacuation. SCC Timeline	

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	1:00pm	RVP, Jay Campbell, talked to Carmen Apple. She handed the phone to a Lieutenant pilot (agency unknown) who said they could evacuate with helicopters. When he heard how many people needed to be rescued. He said he would have to crunch the numbers and get back with RVP.	
8.30.2017 Tuesday	2:00/3:00pm	Ben Husser and team of volunteers arrive at LAP and remove sandbags, opening the doors and causing the water to rise in the facility. Jeff Rosetta Administrator questions their authority and capability to care for fragile elderly patients. Says he is waiting on National Guard who are coming. Husser pulls gun on Rosetta and an altercation ensues. <i>LA Times</i>	
8.30.2017 Tuesday	Approximately 1:45	Police Arrive at LAP, handcuff Jeff and evacuate the residents with Husser and volunteers. Medication not taken with each resident as requested. SCC Timeline. <i>LA Times</i> . Vests not kept with each resident by volunteers with face sheets and medication despite requests by nurses. Kenosha Riles DON Cypress Glen interview.	
8.30.2017 Tuesday	2:00pm	Rescuers arrived at Cypress Glen. Medications were separate with each resident and their orange vests when rescuers got there, but the	

Date	Time	Senior Care Centers	Government Organizations
		<p>volunteers insisted that all medication be placed in one medication cart and evacuated to staging area. They were very forceful about controlling the evacuation and did not always keep the orange vests with face sheets with each resident. SCC employees were evacuated with residents to staging area (Port Arthur Little Theater). SCC employees denied transportation with residents from staging area. SCC Timeline. Kenosha Riles DON Cypress Glen interview. (According to Kenosha the rescuers were volunteers, but the SCC timeline says they were National Guard.)</p>	
<p>8.30.2017 Tuesday</p>	<p>4:00pm</p>	<p>SCC employees told at staging area that residents were now in the care of DADS and they could not go with the residents to care for them as they were transferred and were not informed of where the residents were being transferred. SCC Timeline</p>	
<p>8.30.2017 Tuesday</p>	<p>5:00pm</p>		<p>Drainage District No. 7 Tanks for the Crane Bayou pump station, near Procter Street extension, began to run low. DD7 employees started shutting off the station's smallest pumps to conserve fuel for larger ones. <i>The Port Arthur News</i></p>

Date	Time	Senior Care Centers	Government Organizations
8.30.2017 Tuesday	9:00pm		No fuel remained in any Drainage District No. 7 pumps, and employees either shut off the remaining pumps or the pumps operated until shutting off themselves. <i>The Port Arthur News</i>
8.31.2017 Wednesday	5:00 pm		Genesis Clairmont Beaumont located at 1020 S. 23 rd Street, Beaumont, TX 77707 was evacuated via facility vans after waters receded some. Highway 287 was the only open roadway out of Beaumont for the vans to travel. The road was covered with water still and very treacherous to travel. The water was so high on the 29 th that they were not able to evacuate then. They were told by their transport company that ambulances could not get through the water. Interview Amanda Burnett SCC Division President South (former Genesis employee)
8.24.2017 thorough 9.1.2017			The highest total rainfall recorded Hurricane Harvey was in Nederland Texas, measuring 60.58. Nederland is 11 miles north of Port Arthur. The second highest total rainfall recorded in Hurricane Harvey was in Groves Texas, measuring 60.54 inches. Groves is 8 miles northeast of Port Arthur. All three cities are in Jefferson and none were evacuated. <i>The Weather Channel</i>
Article 10.4.2017			Flooding from Harvey caused 20 hospitals and 24 nursing homes to be evacuated, not including those evacuated

Date	Time	Senior Care Centers	Government Organizations
			before the storm. Statistics from South East Texas Regional Advisory Council quoted in <i>The Houston Chronicle</i>
Debriefing on Hurricane Harvey Response			<p>Jefferson County Emergency Management Official Greg Fountain said: A formula of sorts exists for the timing of calling for evacuation. Officials know from past experience that it takes 32 to 36 hours to evacuate the county so they take that number and count backward to when tropical storm force winds would hit the area. He said officials try to start evacuations in the morning to give people time to get out instead of leaving at night. “In most cases we would not evacuate the entire area for a Category 1 storm when people can shelter in place,” he said. “Just because a tropical storm or hurricane is coming doesn’t mean evacuation is imminent...”</p> <p>When it becomes closer to possibly calling an evacuation of the tri-county area — Jefferson, Orange and Hardin counties, the officials in those areas begin working together. “We try to work closely with one another and keep the counties north of us in the loop because our people have to pass through,” he said of Newton, Sabine and Tyler counties. “But we do have our own conference call number and when it gets closer we have twice-a-day local or</p>

Date	Time	Senior Care Centers	Government Organizations
			<p>regional calls with cities and counties and with the Southeast Texas Regional Planning Commission (the area's council of governments).</p> <p>“And when it comes to the elderly it is very stressful and we understand that but if we're in the cone of uncertainty of where it will land and it takes 32 to 36 hours to evacuate, we can't take the chance of not evacuating and have people die.”</p> <p>Tropical Storm Harvey was something no one could have predicted. There was no jurisdiction other than in south Texas where Harvey came in as a Category 4 storm that had evacuation. By that time local officials learned the area would see historic amounts of rainfall between 8 p.m. and midnight on the night Harvey hit, then received an additional 15 inches of rain.</p> <p>“Everything was already inundated and not passable,” he said of the once-in-a-1,000-year storm.”</p> <p><i>The Port Arthur News</i></p>

Exhibit 4



**This Manual is in ADDITION
To your Current Disaster
Preparedness Manual that is
Facility Specific**



HURRICANE PLAN

Weather Terminology

Tropical Depression	Winds <u>less</u> than 30 miles per hour
Tropical Storm	Winds <u>over</u> 59 miles per hour but <u>less</u> than 74 miles per hour
Hurricane Watch	A hurricane is expected to strike an area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin immediately or at least within the next 12 to 24 hours with wind speeds of 74 mph or higher
NOAA	National Oceanic And Atmospheric Federal weather service that issues hurricane announcements
National Hurricane Center	Website: www.nhc.noaa.gov

Scale Number Category	Sustained Winds (MPH)	Damage	Storm Surge
1	74-95	Minimal: Unanchored mobile homes, vegetation and signs.	4 - 5 Feet
2	96-110	Moderate: All mobile homes, roofs, small crafts, flooding.	6 - 8 Feet
3	111-130	Extensive: Small buildings, low-lying roads cut off.	9 - 12 Feet
4	131-155	Extreme: Roofs destroyed, trees down, roads cut off, mobile homes destroyed. Beach homes flooded.	13 - 18 Feet
5	>155	Catastrophic: Most buildings destroyed. Vegetation destroyed. Major roads cut off. Homes flooded.	>18 Feet



Hurricane Season Begins June 1st

- _____ In-service staff regarding preparations for an evacuation or a shelter in place
- _____ Staff completes (Attached) _____ needs to be signed and returned to the PSR for filing and staffing arrangement during the Warning Stage
- _____ Review "Hurricane In-Service" during orientation June 1 - September 30
- _____ Send letters to resident representatives by June 15th informing them of hurricane plans (Attachment B)
- _____ Include "Hurricane Family Letter" in admission process during hurricane season (Attachment C)
- _____ Have all departments prepare a shelter in place or evacuation order with their Suppliers. Do not place the order but have ready just in case
- _____ Purchase small, medium, large boxes from Home Depot/Lowe's/U-Haul. Small boxes to be used for resident's clothing and personal items. Medium and large boxes to be used for medical supplies and linen

Watch

This stage is when there is a prediction of a storm's landfall hitting the Galveston area of Central Texas.

Warning

This stage is when there is less than **72 hours** before landfall with a possibility of a direct hit.

The Office of Emergency Management or local authorities will order a shelter in place or evacuation order.

Shelter In Place Order Given:

1. Go to "Shelter In Place Tab" and begin completing checklists
2. Begin setting up rest areas for staff and volunteers
3. Ensure department heads are informed of current situation and assist in keeping staff and resident's calm
4. Assess the critical residents to determine who cannot shelter and must go elsewhere until full power is restored
5. Have plenty of snacks and drinks (including water) available for both resident's and employees
6. Divide the staff into 12-hour shifts
7. Keep laundry going as long as possible
8. Run regular dietary for as long as possible
9. Cook frozen items ahead of time and place in coolers



Evacuation Order Given

If an evacuation order is given, activate the evacuation supply orders and route to receiving facility.

❖ Nursing

1. Begin having CNAs pack a three-day supply of clothing for each resident and place in a small box. Label the box on ALL sides.
2. Have Central Supply begin boxing extra equipment that will be needed for evacuation (each box should be packed AND labeled WITH the contents). See checklist for Central Supply under Evacuation Tab.
3. Med Aides and Nurses should begin bagging meds along with MARs and TARs. Make sure meds/MARs bag gets in plastic tub and on the colored bus in which resident is being transported.
4. Prepare lanyard/pouch by putting resident face sheet and consolidated orders in the plastic bag.
5. Start putting on DNR or FULL CODE (red colored wristbands) and a corresponding color bracelet to match which bus resident will be riding on.

❖ Administrator

1. Call for buses - Office of Emergency Management (512) 424-2208
2. Call for the U-Haul's and send drivers to pick up.
3. Finalize all assignments for staff and resident. Assign shift according to needs, time of day and who is riding the buses.
4. Assign bus duties:
 - A team needs to be assigned to pack each bus as it arrives (See Bus duty Check-List)
5. Direct volunteers of what services are needed. Give the check-off sheets to an assigned person. Once they have completed the check-off sheets they are to sign them and return them to the administrator:
 - Check-off for the U-Hauls
 - Check-off for residents that are on each bus
 - Check-off for all equipment & supplies that are on the bus
6. Assist in loading the bus (See Below)
7. Continue to keep residents and staff calm and hydrated.
8. Assign someone to continually get water for those that are loading the residents.
9. Once the buses are loaded do a final check off to ensure no one is left behind
10. Follow the buses to the receiving facility
11. Once the buses have pulled out of the parking lot inform the receiving facility



Loading of the Buses

- Buses should be assigned a color and the corresponding bus placard should be taped to the bus. Each resident loading a color-assigned bus should have a corresponding colored wristband. The wristband should also have the resident's name written on it.
- Prior to loading the buses Dietary will load a cooler per bus, using checklist under "Evacuating" Tab.

Coolers will be placed in the last seat of the bus.

Items for under the bus:

1. Wheelchairs and walkers; place under the bus as the resident boards
2. Resident clothing packed in small boxes

Residents will be loaded according to care required:

1. Residents who wanted from secured unit (staff stays on the bus with them at all times)
2. Walkers
3. Partial Assistance
4. Heavy care

After all persons are loaded on the bus (residents, staff & volunteers) a **final list** will be made by the unit manager of everyone aboard that bus, as well as any cell phone numbers of people on the bus. The list will then be copied **three times**; one copy to the Administrator; one copy for each bus and one extra. The list will also need to be faxed to the receiving facility for verification upon arrival.

Any volunteer staff member that will be driving their own vehicle must provide the following information:

1. List of all people in the vehicle
2. Any cell phone numbers
3. Vehicle make, model, license plate number
4. Destination facility

These lists will be given to the Administrative personnel going to that destination and a copy to the Administrator.



Arrival at the Receiving Facility

1. Assign someone at the door to inform the staff or volunteers where the residents go.
2. Unload all residents.
3. Have two people assigned to each bus to remove trash and to ensure all belongings have been taken off the bus.
4. Once all items are secure in the building and the residents are comfortable send the alternate crew to get some rest and set the 12-hour shift times.



June 12, 2017

Re: Hurricane Preparedness - Evacuation

Dear Friends and Families of Senior Care Centers Residents,

The purpose of this letter is to remind everyone that the 2017 hurricane season is upon us. In anticipation of a hurricane, our facility has developed a disaster plan which includes procedures and responses for such a storm.

Depending on the category of the storm and the direction from local and state authorities we will either shelter in place or evacuate residents to one of our partner facilities in West Houston, San Antonio or Austin. A member of our staff will contact you as soon as we have arrived at the receiving facility to give a status update. If you would like to pick up your loved one prior to an evacuation, please complete and return the attached form. Medically complex residents that are unable to travel in a bus will be transferred to the hospital, if possible.

Sheltering in place can be very uncomfortable because of power outages which result in air conditioning loss and, unfortunately, most hurricanes occur in warm or hot months. An evacuation can also be very uncomfortable for all involved as the bus ride can be long and the receiving facility is accommodating an additional 100+ residents in limited space. We rely on the governor's office and other state agencies to release buses and have no control over the time the buses will arrive at the facility or the route we will take to the receiving facility. However, we will do our best to keep you apprised of our journey.

We will disseminate information via the facility's Facebook page (please LIKE us now) and a communication hotline (1-214-252-7600) answered at our corporate office in Dallas.

Should you need my assistance or have any questions, please call me on the number below or stop by my office. Thank you for your understanding.

Sincerely,

Clark Kent
Administrator (or Executive Director)
Facility Name



June 12, 2017

Re: Hurricane Preparedness - Receiving

Dear Friends and Families of Senior Care Centers Residents,

The purpose of this letter is to inform all families and resident representatives of our plan to assist our partner nursing facilities in the event of a mandatory hurricane evacuation in the Houston, Corpus Christi or Brownsville area.

If an evacuation does occur in any of these areas, our facility would need to accommodate approximately 100 additional residents. If that happens, we will combine our residents three to a room to make room for the evacuees. The evacuees will also use the dining room, therapy gym, and lobby as temporary quarters.

If you are interested in taking your resident home during this time please let us know. We will provide you with all medications, supplies and equipment necessary to provide a safe temporary transition.

Should you need my assistance or have any questions, please call the number below or stop by my office.

Sincerely,

Jane Doe
Administrator or Executive Director
Facility Name



SENIOR CARE CENTERS

In the event that we (SCC) are required to evacuate our building, please indicate what your preference will be regarding your loved one:

Yes, I would like for you to relocate my loved one during the evacuation process to the appropriate location.

No, I do not want my loved one moved and I will be responsible for picking them up and keeping them with me.

Resident's Name

Responsible Party

Date





Coastal Bend	Receiving Facility
1. Coastal Palms (Chris Andersen, Admin) 221 Cedar Dr Portland, TX 78374 361-643-1888	Pecan Valley 3838 E Southcross Blvd San Antonio, TX 78222 210-581-2273
2. Westwood-Corpus (Secure Unit) (Ernest De La Garza, Admin) 801 Cantwell Ln Corpus Christi, TX 78408 361-882-4284	Wurzbach (Secure Unit) 8300 Wurzbach Rd San Antonio, TX 78229 210-617-2200
3. Corpus Christi SNF (Wandering Bracelet) (Chris Cholico, Admin) 202 Fortune Dr Corpus Christi, TX 78405 361-289-0889	Paramount SA (Wandering Bracelet) 2034 Sundance Pkwy New Braunfels, TX 78130 830-643-0132
4. Corpus Christi ALF 202 Fortune Dr Corpus Christi, TX 78405 361-289-0889	Will evacuate with Corpus Christi SNF to Paramount SA (See above)
5. River Ridge (Secure Unit) (Joshua Lawrence, Admin) 3922 W River Dr Corpus Christi, TX 78410 361-767-2000	Marlandwood East (Secure Unit) 1511 Marlandwood Rd Temple, TX 76502 254-899-6599
6. Pavilion Assisted Living (Cheryl Longwell, Admin) 211 Cedar Dr Portland, TX 78374 361-777-44250	Lakeside Assisted Living 8627 Lakeside Pkwy San Antonio, TX 78245 210-810-4900
7. Valley Grande Manor (Beth Hartman, Admin) 901 Wildrose Ln Brownsville, TX 78520 956-546-4568	Hearthstone 401 Oakwood Round Rock, TX 78681 512-388-7494



Houston Facilities	Receiving Facility
1. Clear Brook (Secured Unit) (Brent Walsh, Admin) 10800 Flora Mae Meadows Rd Houston, TX 77089 832-328-2350	Windcrest SA (Secured Unit) 8800 Fourwinds Dr San Antonio, TX 78239 210-637-2700
2. Cedar Bayou (Wandering Bracelet) (Hope Carter-Jones, Admin) 2000 West Baker Rd Baytown, TX 77521 281-427-9120	Paramount SA (Wandering Bracelet) 5437 Eisenhower Dr San Antonio, TX 78240 210-646-9576
3. Pasadena (Wandering Bracelet) (Julia Lanier, Admin) 3434 Watters St Pasadena, TX 77504 713-941-9155	Stonebridge (Wandering Bracelet) 11127 Circle Dr Austin, TX 78736 512-288-8844
4. La Hacienda (Wandering Bracelet) (Crissy Roper, Admin) 3730 W Orem Dr Houston, TX 77045 832-799-6484	Weston Inn (Wandering Bracelet) 2505 South 37 th St Temple, TX 76504 254-298-7300
5. Westwood-Houston (Wandering Bracelet) (Ted Thornell, Admin) 8702 South Course Dr Houston, TX 77099 281-498-5796	Sagebrook (Wandering Bracelet) 901 Discovery Blvd Cedar Park, TX 78613 512-259-9993
6. The Pointe (Wandering Bracelet) (Randy Svatek, Admin) 17231 Mill Forest Webster, TX 77598 281-488-5224	Hearthstone (Wandering Bracelet) 401 Oakwood Round Rock, TX 78681 512-388-7494
7. RHC Baytown (Wandering Bracelet) (Gloria Carrasco, Admin) 3921 North Main St Baytown, TX 77521 281-422-9541	Cottonwood (Wandering Bracelet) 1500 Cottonwood Creek Trl Cedar Park, TX 78613 512-259-4259
8. West Oaks Houston (Wandering Bracelet) (Angie Meredith, Admin) 3625 Green Crest Houston, TX 77082 281-558-1166	Trinity (Wandering Bracelet) 1000 E Main St Round Rock, TX 78664 512-634-3000



Golden Triangle	Receiving Facility
1. Cypress Glenn (Roger Harvill, Admin) 7200 9 th Ave Port Arthur, TX 77642 409-729-8701	Riverside 6801 East Riverside Austin, TX 78741 512-247-9000
2. Lake Arthur Place (Jeffrey Rosetta, Admin) 4225 Lake Arthur Dr Port Arthur, TX 77642 409-727-3193	Mystic Park 8503 Mystic Park San Antonio, TX 78254 210-256-0906
3. Summer Place (James Davidson, Admin) 2485 S Major Dr Beaumont, TX 77707 409-861-4611	West Oaks Austin 3200 Slaughter Ln Austin, TX 78748 512-282-0141
4. The Meadows of Orange (Mitzi Lickwar, Admin) 4201 FM 105 Orange, TX 77630 409-883-8803	HUNTERS POND 9903 HUNTERS POND SAN ANTONIO TX 78224 210 477 2200



**INSERT
STAFF ROSTER
WITH PHONE NUMBERS**



**The Texas Division of Emergency Management
Telephone Directory**

Main Number	512-424-2208 *Call for Buses once Evacuation Order Received
After Hours	[REDACTED]
Main Fax	[REDACTED]
Office of the Assistant Director	[REDACTED]
State Operations Center	[REDACTED]
State Operations Center	[REDACTED]
State Operations Center	[REDACTED]
Field Response	[REDACTED]
State Management Team	[REDACTED]
Public Works Response Team	[REDACTED]
Preparedness - Planning	[REDACTED]
Preparedness - Training	[REDACTED]
Preparedness - Exercises	[REDACTED]
Preparedness - Tech Hazards	[REDACTED]
Regional Disaster Finance Program	[REDACTED]
State Disaster Reimbursement Mitigation	[REDACTED]
Emergency Management Performance Grant Program (EMPG)	[REDACTED]
Law Enforcement Telecommunication Networks	[REDACTED]
TLETS	[REDACTED]
NLETS	[REDACTED]

Legend		SCC buildings	ALF			
Facility	SCC #	Address	City	RVP	Administrator	DON
Bandera Nursing & Rehab	152	222 FM 1077	Bandera	Bethany Sisneroz	Brandy Puckett	Cynthia Smith
Baytown Nursing & Rehab	153	3921 North Main Street	Baytown	Carmen McIntyre	Jim Saldivar	Laura Macuba
Beltline, Senior Care	110	106 N Beltline Rd.	Garland	Mark Carden	Jacinda Meadors	Jeff Merry
Brodie Ranch Nursing & Rehab	162	2101 Frate Barker Rd	Austin	Bethany Sisneroz	Jerry Tochterman	Ana Vergara
Brownwood, Senior Care	138	2700 Memorial Park Dr.	Brownwood	Dawn Chaney	Kenneth Chisholm	Shelley Robinett
Cedar Bayou Nursing & Rehab	155	2000 West Baker Road	Baytown	Carmen McIntyre	Craig Cannon	Rachael Winter
Coastal Palms - TRISUN Care Ctr	190	221 Cedar Drive	Portland	John Howerton	Marisa Wade	Lacy Shirley
Corpus Christi ALF, Senior Care of	301	202 Fortune Drive	Corpus Christi	John Howerton	Dawn Mauer	N/A
Corpus Christi SNF, Senior Care of	140	202 Fortune Drive	Corpus Christi	John Howerton	Beth Ruehle	Lacy Frondorf
Corsicana - TRISUN Care Ctr	172	3210 West Highway 22	Corsicana	Ed Williamson	Randy Langford	Susan Nall
Cottonwood Creek Nursing & Rehab Center	167	1500 Cottonwood Creek Trail	Cedar Park	Brad Nowlen	Ned Velasco	Reyna Frias
Crestwood ALF	144	1448 Houston St.	Wills Point	Mark Carden	Mary Russell (ED)	N/A
Crestwood Health & Rehab Center	104	1448 Houston St.	Wills Point	Mark Carden	<i>Mark Culver interim</i>	<i>Mickey Chappell interim</i>
Crowley, Senior Care of	136	920 East FM 1187	Crowley	Lonnie Hoffpauir	Jonathan Harris	Dona Geron
Cypress Glen	181	7200 9th Ave.	Port Arthur	Ed Williamson	Delphia Smith	Holly Robertson
Dallas, Senior Care Health & Rehab Center	103	2815 Martin Luther King Jr. Blvd	Dallas	Mark Carden	Sheila Noble	Rochelle Sylvester
Denton Health & Rehab	114	2244 Brinker	Denton	Lonnie Hoffpauir	Amy Lefco	OPEN
Edinburg, Senior Care of	139	4503 S. Sugar Rd	Edinburg	Brad Nowlen	Daniel DeLeon	Jessica Villarreal
Green Oaks, Senior Care of	135	3033 West Green Oaks Blvd	Arlington	Kelvin Hazel	Cecilia Saucedo	Christine Morris
Harbor Lakes Plaza Nursing	137	1300 Second St.	Grandbury	Lonnie Hoffpauir	Vicki Black	Deborah Strickland
Hearthstone Health Center	118	401 Oakwood Blvd.	Round Rock	John Howerton	Grady Trev	Kyle Duncan
Heatherwilde Assisted Living	306	401 S. Heatherwilde Blvd.	Pflugerville	Peter Lougee	Susan Labree	N/A
Heritage Oaks Ret. Vill. AIFB/ ILF	302	3004 West 2nd Ave.	Corsicana	Ed Williamson	Sue Bowling	N/A
Heritage Oaks Retirement Village	170	3002 West 2nd Ave.	Corsicana	Ed Williamson	Angie Lockhart	Sabrina Settle
Heritage Oaks West Retirement Village	171	3300 West 2nd Ave.	Corsicana	Ed Williamson	Herbert Houser	Nana Brandy
Hewitt, Senior Care of	132	8836 Mars. Dr	Hewitt	Lonnie Hoffpauir	Roxsand Guerrero	Darla Singh
Hill Country Care	120	1505 West Hwy. 290	Dripping Springs	Dawn Chaney	Cindy Kendall	Greta Coffman
Hill Country Rehab and Nursing Center	185	810 Industrial Ave.	Copperas Cove	Brad Nowlen	Beatrice Burrell	Samantha Gregory
Homestead of Denison	173	1101 Reba McEntire Lane	Denison	Kelvin Hazel	Cliff Traverse	Lisa Drake
Honey Grove Nursing Center	106	1303 E. Main	Honey Grove	Mark Carden	<i>Doug Parker interim</i>	<i>Cindy Bryant</i>
Indian Oaks Living Center	184	415 Indian Oaks Dr.	Harker Heights	Brad Nowlen	Amy Mahoney	Shakea Rogers

Jacksonville, Senior Care of	121	810 Bellaire	Jacksonville	Ed Williamson	Mark Stevenson	Jamie Maddox
La Hacienda Nursing & Rehab	156	3730 W. Orem Dr.	Houston	Carmen McIntyre	OPEN	Charles Kolawole
Lake Arthur Place	182	4225 Lake Arthur Dr.	Port Arthur	Ed Williamson	Terell Samuel	Karen George
Lake Pointe/Beacon Harbor, Senior Care at	108	6700 Heritage Parkway	Rockwall	Mark Carden	Spencer Carroll	Demetria Anderson
Lakeside - TRISUN Care Ctr	191	8707 Lakeside Pkwy	San Antonio	Peter Lougee	Billie Hartmann	Apryl Champion
Lakeside Assisted Living & Memory Care	309	8627 Lakeside Pkwy	San Antonio	Peter Lougee	Gina Boggs	Tanya Reyna
Marlandwood East, Senior Care of	141	1511 Marlandwood Road	Temple	Kendall Young	Kendall Young	Maxzine Holliday
Marlandwood West, Senior Care of	142	1700 Marlandwood Road	Temple	Kendall Young	Tammy Johnson	Tracey Neal
Meadow Creek, Senior Care of	143	4343 Oak Grove Blvd.	San Angelo	Dawn Chaney	Heather Foley	Cindy Peevy
Mesa Vista Inn Health Center	166	5756 N. Knoll Drive	San Antonio	Peter Lougee	Thelma Martinez	Emilie Kilpatrick
Midland, Senior Care of	122	3000 Mockingbird Ln.	Midland	Dawn Chaney	Bill Clifton interim	Ashlea Velasquez
Mission Senior Care Center	129	1013 S. Bryan Rd	Mission	Brad Nowlen	Isabel Flores	Clarence Suelto
Mullican Care Center	107	105 N. Main	Savoy	Mark Carden	Genie Plumlee	Donna Snow
Mystic Park Nursing & Rehab	158	8503 Mystic Park	San Antonio	Bethany Sisneroz	Karen Bordana	JoAnne Smith
Northeast El Paso - TRISUN Care Ctr	174	11169 Sean Haggerty	El Paso	Mark Carden	Nicole Andujo	Christina Davis
Onion Creek, Senior Care	131	1700 Onion Creek Prwy.	Austin	Dawn Chaney	Chris Davis	Es Hauge
Paramount SCC at Pasadena	159	3434 Watters Street	Pasadena	Carmen McIntyre	Jay Campbell	Denise Lucas
Paramount SCC at San Antonio	160	5437 Eisenhower Rd.	San Antonio	Bethany Sisneroz	Peter Tierney	Irma Subirias
Park Bend Health Center	115	2122 Park Bend Drive	Austin	Brad Nowlen	Sean Phillips	Ashley Williamson
Park Valley Inn Health Center	188	17751 Park Valley	Round Rock	John Howerton	Joe Dennis	Marty Neyens
Pavilion Assisted Living	307	211 Cedar Drive	Portland	John Howerton	Cheryl Longwell	Cheryl Longwell
Pecan Tree Rehab & Healthcare	123	1900 East California St.	Gainesville	Lonnie Hoffpauir	Jeremy Simons	Nicole Deckard
Pleasant Manor Health & Rehabilitation Center	112	3650 South IH-35 E.	Waxahachie	Lonnie Hoffpauir	Stacy Clasby	Heather Johnston
Pointe Nursing & Rehab	157	17231 Mill Forest	Webster	Carmen McIntyre	Brent Walsh	Ann Wright
Red Oak Health & Rehab Center	202	101 Reese Drive	Red Oak	Kelvin Hazel	Dawn Kuser	Elizabeth White
Regency House	146	3745 Summer Crest Dr.	San Angelo	Dawn Chaney	Josie Pebsworth	Samantha Scott
River Ridge - TRISUN Care Ctr	168	3922 W. River Drive	Corpus Christi	John Howerton	Glenn Davis	Jennifer Quinn
Riverside Nursing & Rehab	161	6801 East Riverside	Austin	Bethany Sisneroz	Wendy Bell	Rebecca Eikenburg
Rockwall Nursing Center	101	206 Storrs Street	Rockwall	Mark Carden	Jamie Wilson	Elizabeth Dennis interim
Rowlett Health & Rehab Center	105	9300 Lakeview Parkway	Rowlett	Kelvin Hazel	Melanie Prado	Camilla Ward
Sagebrook Health Center	119	901 Discovery Blvd.	Cedar Park	Brad Nowlen	Geoffrey Chudleigh	Billie Breden
San Angelo, Senior Care of	124	5455 Knickerbocker Rd.	San Angelo	Dawn Chaney	Shanna Laughton	Carolyn Croxton
Sinton - TRISUN Care Ctr	192	936 W. Fourth Street	Sinton	John Howerton	Joshua Lawrence	Sara Allen
Stallings Court Nursing & Rehab	128	4616 NE Stallings Dr.	Nacogdoches	Ed Williamson	Garrel Faulkner	Travis Nerren
Stephenville, Senior Care of	130	2601 Northwest Loop	Stephenville	Lonnie Hoffpauir	Jana Sanders	Donna Boucher
Stonebridge Health Center	116	11127 Circle Dr.	Austin	Dawn Chaney	Roberto Ramirez	Lina Kobeissi

Summer Place Nursing & Rehabilitation	179	2485 South Major Dr.	Beaumont	Ed Williamson	James Davidson	Rhonda Luckey
Sundance Inn Health Ctr	187	2034 Sundance Parkway	New Braunfels	Peter Lougee	Kelli Marx	Debbie Downey
The Meadows of Orange	180	4201 FM 105	Orange	Ed Williamson	Mitzi Lickwar	Sharla Davidson
The Rosewood	183	5700 E. Central Texas Expwy.	Killeen	Brad Nowlen	Mark Walters	Lynn Seeley
The Rosewood Assisted Living	305	5700 E. Central Texas Expwy.	Killeen	Brad Nowlen	Lorena Hampton	N/A
Trinity Care Center	145	1000 E. Main Street	Round Rock	John Howerton	Nam Luong	Susan Kelleher
Victoria Gardens of Allen	165	310 S. Jupiter Road	Allen	Mark Carden	Stephen Christensen	Desiree Hodge
Victoria Gardens of Frisco	176	10700 Rolator Drive	Frisco	Kelvin Hazel	Chris Hodge	Cindy Pelt
Vintage ALF	133		Denton	Lonnie Hoffpauir	Doug Linze	Rhonda Cundall
Vintage, The Vintage Health Care Center	113	205 N. Bonnie Brae	Denton	Lonnie Hoffpauir	Doug Linze	Debra Hawkins
Vista Ridge Nursing & Rehabilitation Center	186	700 E. Vista Ridge Mall Drive	Lewisville	Kelvin Hazel	Lezlie Michael	Lorraine Hill Cook
West Oaks Nursing & Rehab Center	163	3625 Green Crest	Houston	Carmen Mcintyre	Beverly Mustafa	Terri Edenfield
West Oaks, Senior Care of	154	3200 Slaughter Lane	Austin	Bethany Sisneroz	Spencer Comstock	Therese Spalding
Western Hills, Senior Care of	147	512 Draper Drive	Temple	Kendall Young	Maureen Collins	Kristi Abel
Weston Inn, Senior Care of	148	2505 South 37 th Street	Temple	Kendall Young	Kenneth Stribling	Clea Paige
Westwood - TRISUN Care Ctr	169	801 Cantwell Lane	Corpus Christi	John Howerton	Jennifer Scarbrough	Adel Castillo
Westwood, Senior Care of	151	8702 South Course Drive	Houston	Carmen Mcintyre	Gloria Carrasco	Antonio Espino
Whitesboro Health & Rehab Center	111	1204 Sherman/ PO Box 250	Whitesboro	Lonnie Hoffpauir	Shelley Waffle	Rose Montgomery
Windcrest Nursing and Rehab	175	210 W. Windcrest	Fredricksburg	Peter Lougee	Cindy Wilson	Margarita Hernandez
Windcrest, Senior Care of	149	8800 Fourwinds Drive	San Antonio	Peter Lougee	Holly Ruhmann	Katina Lewis
Windmill Nursing & Rehab Center	164	507 Martin Luther King, Jr.	Lubbock	Dawn Chaney	Roger Morrow	Kenna Ortega
Winters Park Assisted Living	303	3450 Wagon Wheel Rd.	Garland	Kelvin Hazel	Chris Morrison	N/A
Winters Park Nursing and Rehab	177	3737 N. Garland Avenue	Garland	Kelvin Hazel	Linda Carcano	Mutinta Chestnut
Wurzbach, Senior Care of	150	8300 Wurzbach Road	San Antonio	Peter Lougee	Russell Wright	Jeanette House
Wyoming Springs AL	308	7230 Wyoming Springs Dr.	Round Rock	Brad Nowlen	Donna Hohm	N/A

Emergency Information

ARANSAS COUNTY

- Rockport Police
361-729-1111
- County Sheriff
361-729-2222

BEE COUNTY

- County Emergency Management
361-362-3271 www.co.bee.tx.us
- County Sheriff
361-362-3221

GALHOUN COUNTY

- County Emergency Management
361-553-4400
- County Sheriff
361-553-4646

GOLIAD COUNTY

- County Emergency Management
361-645-1729
- County Sheriff
361-645-3451

JIM WELLS COUNTY

- County Emergency Management
361-668-1018
- Alice Emergency Management
361-664-3111
- Jim Wells County Sheriff
361-668-0341

KLEBERG COUNTY

- County Emergency Management
361-595-8527
- County Sheriff
361-595-8500

LIVE OAK COUNTY

- County Sheriff
361-449-2271

NUECES COUNTY

- County Emergency Management
361-888-0513
- City of Corpus Christi
361-826-1100 www.cctexas.com
- Port Aransas City Hall
361-749-4111 www.cityofportaransas.org
- City of Robstown
361-387-2522 www.rfd@cityofrobstown.com
- City of Bishop
361-584-2567

REFUGIO COUNTY

- County Sheriff
361-526-1698

SAN PATRICIO COUNTY

- County Emergency Management
361-364-9650
- Ingleside Police
361-776-2531
- Portland Police
361-777-4444

VICTORIA COUNTY

- City/County Emergency Management
361-485-3362
- City/County Emergency Hotline
361-485-3611



Additional Information

US Department of Homeland Security
www.ready.gov

National Red Cross
www.redcross.org

FEMA
www.fema.gov

**Community Resource Information:
Do Not Call 911 for Non-Emergencies!**



Evacuation

Evacuees need to consider the projected path of the hurricane when choosing an evacuation route and destination. Evacuation studies estimate that it takes between 23 and 42 hours to evacuate the coastal bend in advance of tropical storm force winds. This underscores the need for coastal residents to have an evacuation plan. When evacuating, be sure to check local weather and highway conditions before departing. When local authorities order an evacuation of your area, leave immediately!

Below: The three main routes away from the coastal bend. These can quickly become congested.



Texas Road Information

TXDOT Road Conditions

1-800-452-9292 or www.txdot.gov

TXDOT Corpus Christi Office

1-361-808-2300

Emergency Broadcast Information

KLUX Radio 89.5 FM



Final Actions before Evacuating

- Follow evacuation orders provided by your local officials. Once the evacuation order has been given, LEAVE IMMEDIATELY!
- Take your Hurricane Supply Kit with you.
- Leave as early as possible to avoid heavy traffic and hazardous weather.
- See TXDOT map on the next page for an illustration of primary and alternate evacuation routes. Remember that the primary routes often become congested quickly.
- Do not stay in a mobile home near the coast under any circumstance.
- Remember that large boats and travel trailers may not be allowed to cross the JFK causeway or Harbor Bridge once high winds commence.
- Prepare to stay at your evacuation destination for a week or more, as re-entry into the affected area may be restricted.

South East Texas EMC Contacts

Hardin County Office of Emergency Management

Theresa Wigley, EMC
Hardin County EM
300 Monroe
Kountze, Texas 77625
(409)246-5119 (Office)
(409)246-5106 (Fax)
theresa.wigley@co.hardin.tx.us

Jefferson County Office of Emergency Management

ONLY FOR UNINCORPORATED AREAS

Greg Fountain, EMC
Jeffeson County EM
1149 Pearl Street, Third Floor
Beaumont, Texas 77701
(409)835-8757 (Office)
(409)835-8767 (Fax)
gfountain@co.jefferson.tx.us

City of Beaumont Office of Emergency Management

Tim Ocnaschek, EMC
Beaumont Emergency Management
700 Orleans, 2nd floor
Beaumont, TX 77701

(409)980-7280 (Office)
(409)980-7240 (Fax)
tocnaschek@ci.beaumont.tx.us

City of Groves
Office of Emergency Management

Dale Jackson, EMC
Groves Fire Department
P.O. Box 846
Groves, Texas 77619
(409)962-4460 (Office)
(409)960-7094 (Fax)
djackson@ci.grovesbx.com

City of Nederland
Office of Emergency Management

Gary Collins, EMC
Nederland Fire Department
P.O. Box 967
Nederland, Texas 77627
(409)723-1531 (Office)
(409)723-1548 (Fax)
gcollins@ci.nederland.tx.us

City of Port Neches
Office of Emergency Management

Paul Nelson, EMC
Port Neches Fire Department
P.O. Box 758
Port Neches, Texas 77651
(409)719-4258 (Office)
(409)719-4260 (Fax)
pnelson@ci.port-neches.tx.us

**City of Port Arthur
Office of Emergency Management**

John Owens, EMC
Port Arthur Police Department
P.O. Box 1089
Port Arthur, Texas 77641
(409)983-8616 (Office)
(409)983-8621 (Fax)
jowens@portarthurpd.com

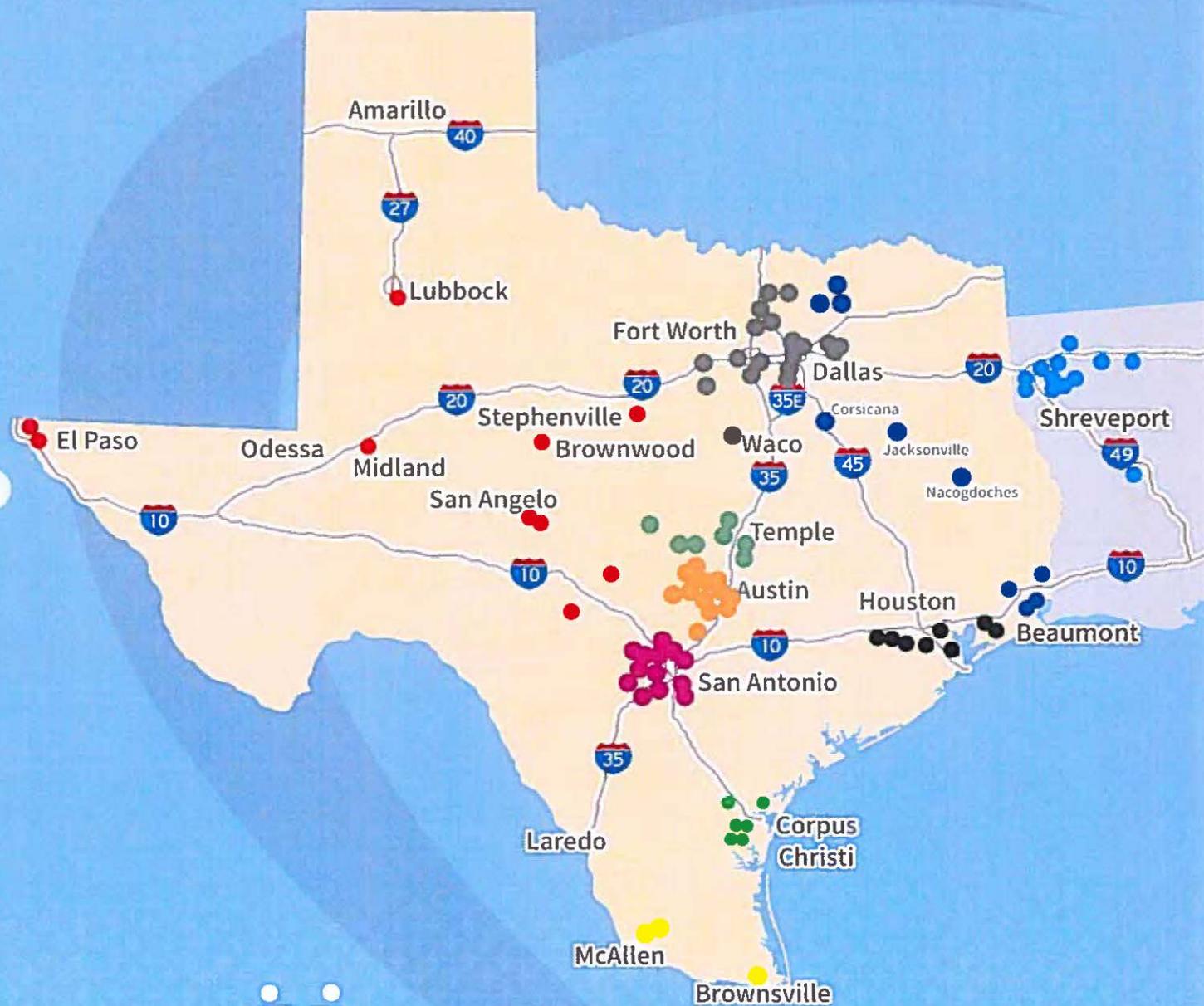
**Orange County
Office of Emergency Management**

Missy Pillsbury, Interim EMC
Orange County EM
123 South 6th Street
Orange, Texas 77630
(409)882-7895 (Office)
(409)670-4143 (Fax)
mpillsbury@co.orange.tx.us

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Austin/Central Texas

Brodie Ranch Nursing & Rehabilitation Ctr
2101 E. Brodie Rd
Austin, TX 78742
512-441-5624

Cottonwood Creek Nursing & Rehabilitation Center
4500 Cottonwood Creek Dr
Austin, TX 78713
512-257-4270

Healthstone SH Health Center
401 Hickwood Blvd
Round Rock, TX 78681
512-390-7804

Heatherville Assisted Living
4715 H. Heatherville Blvd
Ft. Worth, TX 76102
817-251-1040

Hill Country Care
1515 Hill Country, 250
Dripping Springs, TX 78620
512-455-5624

Park Bend SH Health Center
2122 Park Bend Dr
Austin, TX 78755
512-830-9777

Park Valley Inn Health Center
17713 Park Valley Dr
Round Rock, TX 78681
512-214-0000

Riverside Nursing and Rehab Center
3501 E. River Dr Dr
Austin, TX 78710
512-297-9000

Sagebrook SH Health Center
901 S. Sagebrook Blvd
Cedar Park, TX 78613
512-253-9923

Senior Care of Onion Creek
1700 Onion Creek & Pkwy
Austin, TX 78746
512-241-4300

Senior Care of West Oaks
4200 West Oaks Circle
Austin, TX 78712
512-292-9111

Stonebridge SH Health Center
111 Stonebridge Dr
Austin, TX 78735
512-258-8844

Trinity Care Center
1800 E. Trinity Dr
Round Rock, TX 78684
512-614-3000

Wyoming Springs Assisted Living & Memory Care
17200 Wyoming Springs Dr
Round Rock, TX 78681
512-257-7233

Beaumont/Golden Triangle

Cypress Glen
7300 Cypress Ave
Port Neches, TX 77657
409-723-5701

Lake Arthur Place
422 Lake Arthur Dr
Port Arthur, TX 77642
409-221-3133

Summer Place Nursing & Rehabilitation
7355 Major Dr
Columbus, TX 77010
409-614-4611

The Meadows of Orange
4301 FFA 195
Orange, TX 77630
409-833-5503

Corpus Christi/Coastal Bend

Senior Care of Corpus Christi ALF
202 Fairlane Dr
Corpus Christi, TX 78405
361-283-2535

Senior Care of Corpus Christi SHF
202 Fairlane Dr
Corpus Christi, TX 78405
361-283-2535

TRISUN Assisted Living - Pavilion
2111 16th Dr
Frederick, TX 78114
512-771-4350

Trisun Care Center - Coastal Palms
201 Coastal Dr
Port Arger, TX 78371
361-643-1999

Trisun Care Center - River Ridge
2022 W. River Dr
Corpus Christi, TX 78410
361-662-2000

Trisun Care Center - Westwood
621 Lakewood Dr
Corpus Christi, TX 78408
361-662-4264

Corsicana/East Texas

Heritage Oaks West Retirement Village
3802 Westwood Ave
Corsicana, TX 75110
903-522-5140

Heritage Oaks West
3100 Westwood Ave
Corsicana, TX 75110
903-522-5140

Senior Care of Jacksonville
800 Dallas St
Jacksonville, TX 75766
903-583-5100

Senior Care of Stallings Court
8116 Stallings Ct
Houston, TX 77065
281-582-5600

Trisun Care Center - Corsicana
12110 11thway St
Corsicana, TX 75110
903-522-4520

Dallas/Fort Worth

Free State Crestwood ALF
2440 Mustang St
Waco, TX 76792
267-673-3868

Free State Crestwood
1485 Mustang St
Waco, TX 76792
267-673-5400

Lake Pointe, Beacon Harbor
6300 Heritage Pkwy
Buckley, TX 75007
214-422-4900

Wesland Manor Health and Rehabilitation Center
2670 S. Loop West
Weslaco, TX 75792
972-917-7320

Red Oak Health & Rehabilitation Center
101 Hines Road
Red Oak, TX 75154
409-222-0500

Rockwell Nursing Care Center
700 S. Rockwell
Pockewill, TX 75087
972-271-5000

Roylett Health & Rehabilitation Center
3400 Lakewood Pkwy
Rowlett, TX 75088
972-915-4100

Senior Care of Stonegate
4201 Stonegate Blvd
Rowlett, TX 75088
972-914-4442

Senior Care Beltline
10574 Beltline Road
Garland, TX 75040
972-439-7100

Senior Care Health and Rehabilitation Center - Dallas
2415 Main Street/Kaplan Blvd
Dallas, TX 75215
214-421-2154

Senior Care of Crowley
920 E. FM 1157
Crowley, TX 76036
817-237-5000

Senior Care of Green Oaks
30175 Green Oaks Blvd
Frisco, TX 76066
972-211-6600

Senior Care of Harbor Lakes
1300 S. Harbor Lake
Grisley, TX 75048
817-404-3000

Senior Care of Holland Lake
1201 Holland Lake Dr
Waller, TX 75086
817-592-0000

Victoria Gardens of Allen
2135 Joplin Road
Allen, TX 75002
972-217-2600

Victoria Gardens of Frisco
10700 Pelican Dr
Frisco, TX 75035
972-782-8650

Vista Ridge Nursing and Rehabilitation Center
700 E. Vista Ridge Mall Dr
Lewisville, TX 75067
972-906-9290

Winters Park Nursing & Rehabilitation Ctr
2727 Winters Park Ave
Camarillo, TX 75040
972-395-7000

Houston Area

Baytown Nursing & Rehab Center
1321 Baytown St
Baytown, TX 77521
281-422-9248

Cedar Bayou Nursing & Rehab Center
2500 W. Bayou Rd
Baytown, TX 77521
281-422-9120

La Hacienda Nursing & Rehab Center
3720 W. Oyster Dr
Houston, TX 77015
972-799-6491

Paramount Senior Care Centers Pasadena
2828 Westgate Dr
Pasadena, TX 77504
313-981-9455

SCC at Clear Brook Crossing Rehabilitation and Healthcare Center
19800 Fritch Road/Cadillac
Houston, TX 77058
832-428-7350

Senior Care of Westwood
4205 Cypress Dr
Houston, TX 77069
281-439-9200

The Pointe Nursing & Rehab Center
17231 M. Forest Rd
Webster, TX 77598
281-345-9278

West Oaks Nursing & Rehab Center
3025 Greenleaf Dr
Houston, TX 77082
281-256-1176

Killeen-Temple/Heart of Texas

Hill Country Rehab and Nursing Center
5100 Lakewood Ave
Killeen, TX 76722
254-847-9552

Indian Oaks Living Center
415 Indian Oaks Dr
Kilker Heights, TX 76048
254-659-9011

Senior Care of Hewitt
6816 Mars Dr
Hewitt, TX 76641
254-420-5500

Senior Care of Harlandwood East
1611 Harlandwood East Rd
Temple, TX 76782
254-893-6500

Senior Care of Harlandwood West
1700 Harlandwood West
Temple, TX 76782
254-893-6500

Senior Care of Western Hills
501 Capital Dr
Temple, TX 76788
254-742-7000

Senior Care of Western Inn
2205 S. 31st St
Temple, TX 76788
254-224-7000

The Rosewood Retirement Community
5700 Central Texas Exp
Killeen, TX 76741
254-630-6170

Louisiana

SCC of Alpine Rehabilitation Center
2311 Service Road East
Bossier, LA 71272
318-255-0832

SCC of Booker T. Washington Rehabilitation Center
76251 Acme
Shreveport, LA 71295
225-239-2624

SCC of Colonial Oaks Rehabilitation Center
4321 Medford Dr
Shreveport, LA 71117
318-542-5470

SCC of Pilgrim Manor Rehabilitation Center
1524 Doctors Dr
Bossier, LA 71111
318-742-1621

SCC of Shreveport Manor Rehabilitation Center
1202 Highland Rd
Shreveport, LA 71103
318-224-9847

Spring Lake Rehabilitation Center
55221 Acme
Shreveport, LA 71106
318-808-4226

The Bradford Rehabilitation Center
3050 Bradford
Shreveport, LA 71115
318-684-1910

The Gables at Spring Lake AL
6622 Linc Ave
Shreveport, LA 71196
318-664-7166

The Guest House Rehabilitation Center
9325 Hammond Dr
Shreveport, LA 71114
318-656-0315

North Texas

Honey Grove Nursing Center
1301 E. Main St
Honey Grove, TX 75140
902-478-2233

Mulligan Care Center
803 Main St
Scurry, TX 75149
903-961-0200

Pecan Tree Rehab and Healthcare Center
15000 E. Colton St
Garland, TX 76020
940-468-6204

Senior Care Denton Post-Acute Care
2244 Briker Rd
Denton, TX 76208
940-320-6300

The Homestead of Denison
1101 Robb St
Denison, TX 76020
903-467-4563

Vintage Health Care Center
2012 Bonnie Branch
Denton, TX 76221
940-784-1500

Whitesboro Health & Rehabilitation Ctr
1704 Whitesboro
Whitesboro, TX 75273
903-564-7000

Rio Grande

Mission Nursing & Rehabilitation Center
8712 S. Driscoll Rd
Mission, TX 78571
956-650-2100

SCC at Valley Grande
9011 Valley Ln
Brownsville, TX 78020
361-647-4507

Senior Care of Edinburg
4403 S. Loop E
Edinburg, TX 78541
361-386-1112

San Antonio/Hill Country

Bandera Nursing & Rehab Center
13141 107th
Bandera, TX 78003
817-256-4077

Hunters Pond Rehabilitation & Healthcare Center
9703 Hunters Pond
San Antonio, TX 78224
210-477-2100

Lakeside Assisted Living by Trisun Healthcare
6323 Lakeside Pkwy
San Antonio, TX 78243
210-510-4900

Mesa Vista Inn Health Center
5755 Mesa Vista Dr
San Antonio, TX 78240
210-321-5200

Mystic Park Nursing & Rehab Center
4502151, 1st Flr
San Antonio, TX 78278
210-516-6065

Paramount Senior Care Centers at SA
3431 E. Peachtree Blvd
San Antonio, TX 78224
210-641-9100

SCC at Pecan Valley Rehabilitation and Healthcare Center
2830 E. Slaughter
San Antonio, TX 78222
210-511-2233

SCC at Westover Hills Rehabilitation and Healthcare Center
9322 TX 158
San Antonio, TX 78203
210-540-2113

Senior Care of Windcrest
8500 Windcrest Dr
San Antonio, TX 78233
210-616-6200

Senior Care of Wurzbach
1300 Wurzbach Blvd
San Antonio, TX 78223
210-611-2200

Sundance Inn Health Center
2111 Sundance Pkwy
New Braunfels, TX 78130
817-251-1400

Trisun Care Center - Lakeside
6701 Lakeside Pkwy
San Antonio, TX 78243
210-510-1000

Windcrest Nursing & Rehabilitation Center
2105 Windcrest St
Fredericksburg, TX 78624
512-937-7412

West Texas

Las Ventanas de Socorro
1846 E. Central Ave
Socorro, TX 78727
915-772-0750

Regency House
3745 Summer Creek Dr
San Angelo, TX 76901
254-942-7200

Senior Care of Stephenville
2601 Northwest Loop
Stephenville, TX 76780
254-368-4740

Senior Care of Brownwood
2700 Westwood Park Dr
Brownwood, TX 76801
325-613-3881

Senior Care of Meadow Creek
4141 Oak Grove Rd
San Angelo, TX 76901
325-942-4000

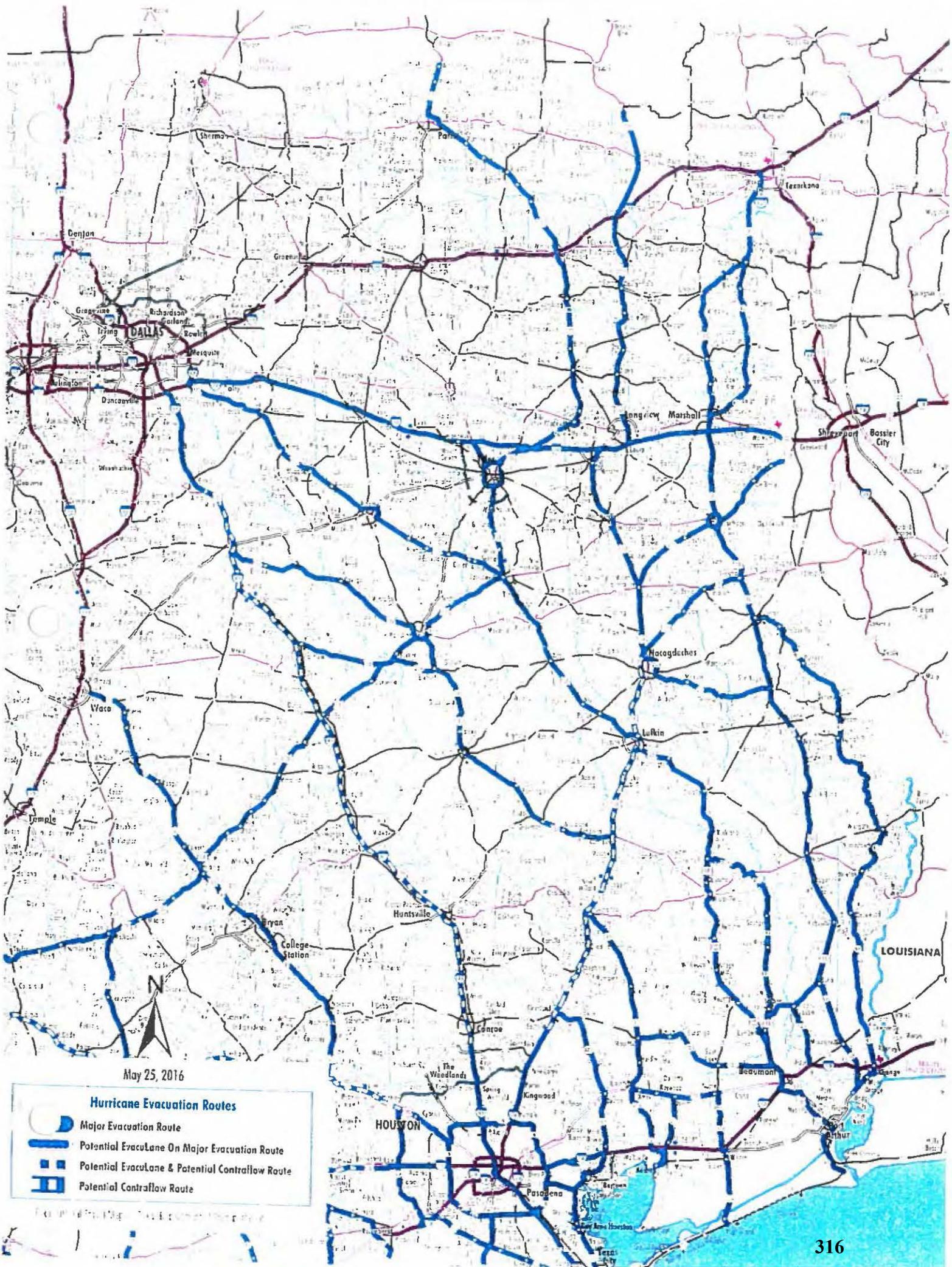
Senior Care of Midland
3000 Beckingford Ln
Midland, TX 79705
432-621-0077

Senior Care of San Angelo
5125 Koenigsweyer Rd
San Angelo, TX 76904
325-644-1600

Trisun Care Center Northeast El Paso
1111 75th St
El Paso, TX 79934
915-841-1000

Windmill Nursing & Rehab Center
5675 Windmill Pkwy
Lubbock, TX 79424
806-744-1112





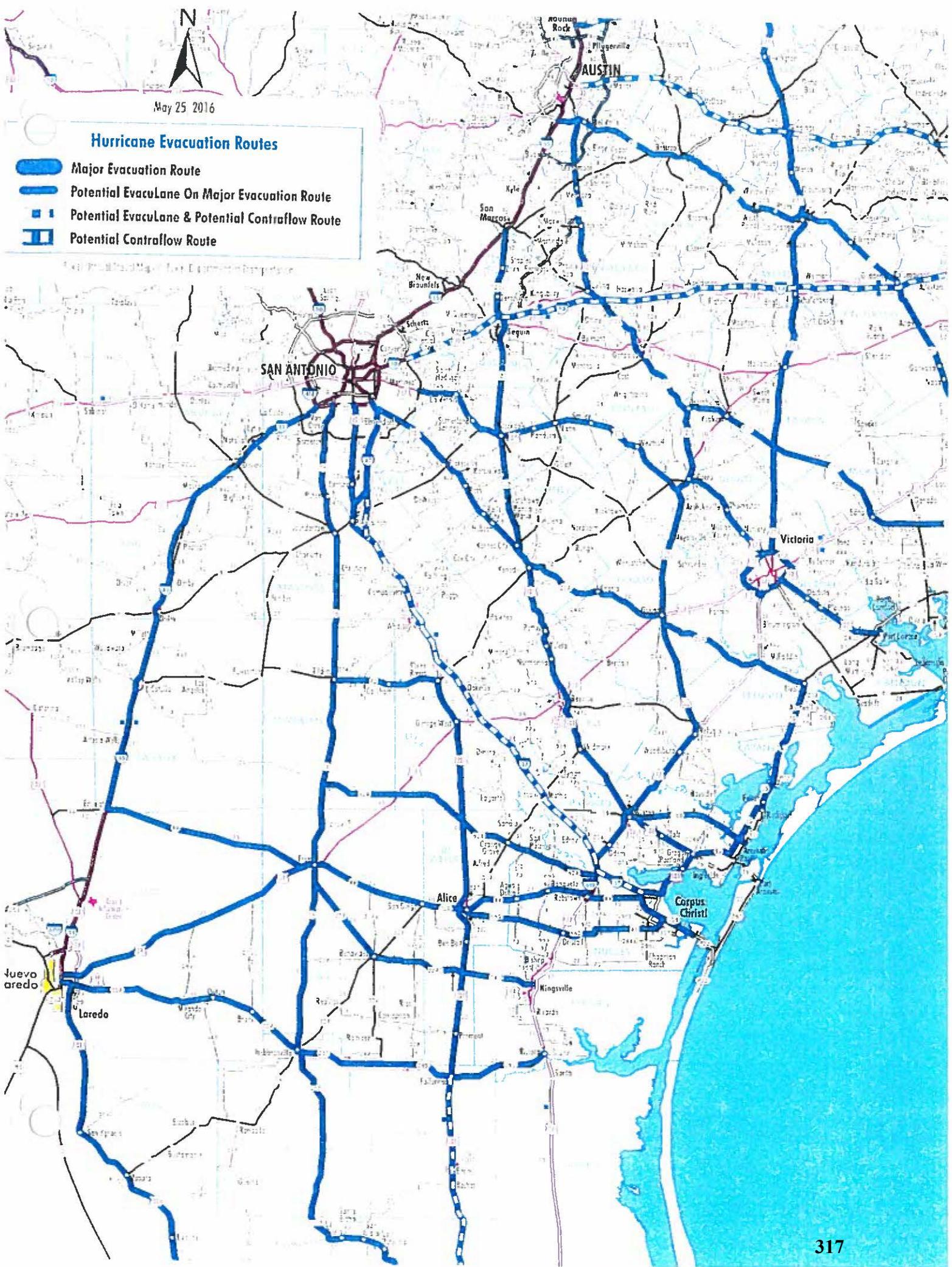
May 25, 2016

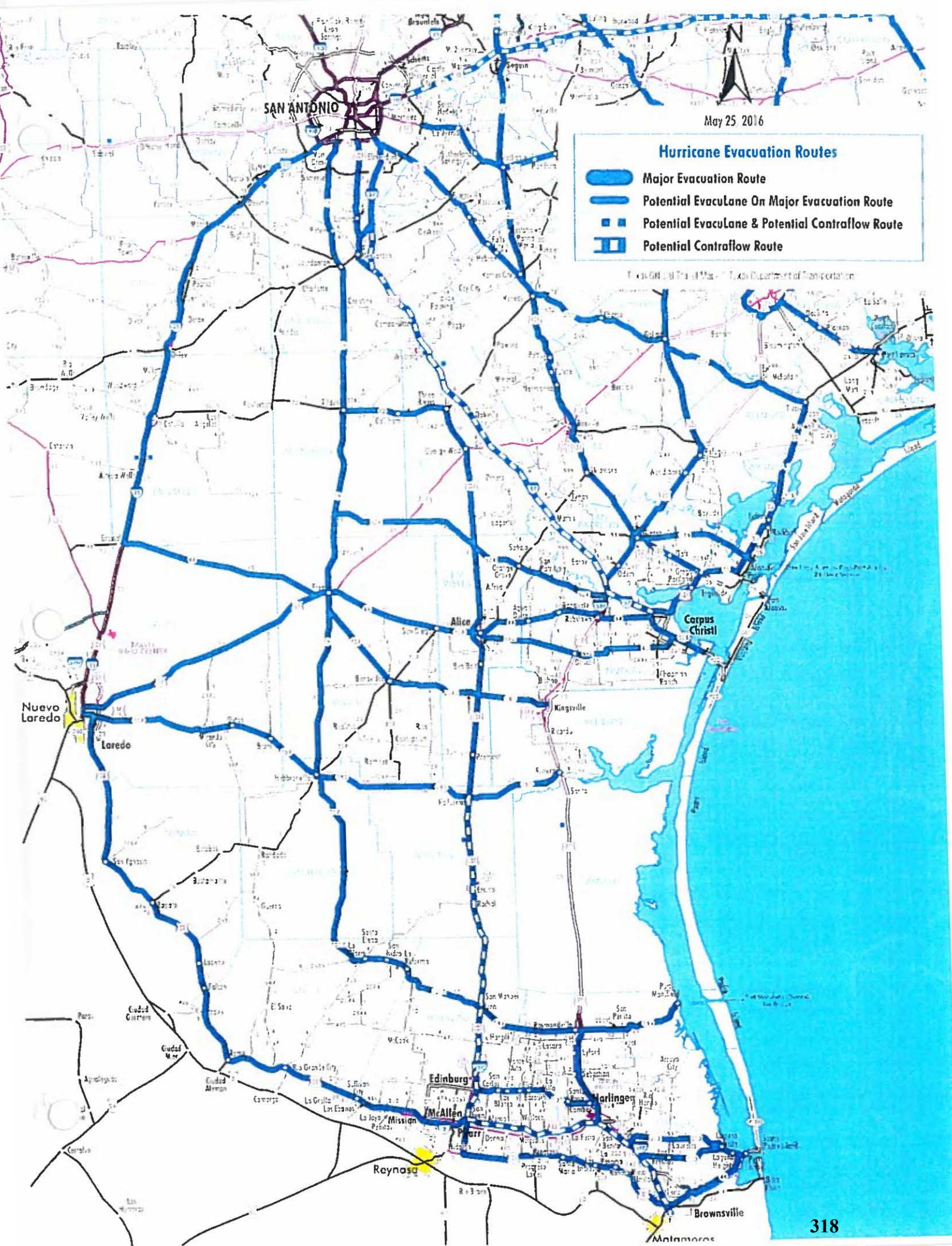
- Hurricane Evacuation Routes**
- Major Evacuation Route
- Potential Evacuation Lane On Major Evacuation Route
- Potential Evacuation Lane & Potential Contraflow Route
- Potential Contraflow Route

May 25 2016

Hurricane Evacuation Routes

-  Major Evacuation Route
-  Potential Evaculane On Major Evacuation Route
-  Potential Evaculane & Potential Contraflow Route
-  Potential Contraflow Route

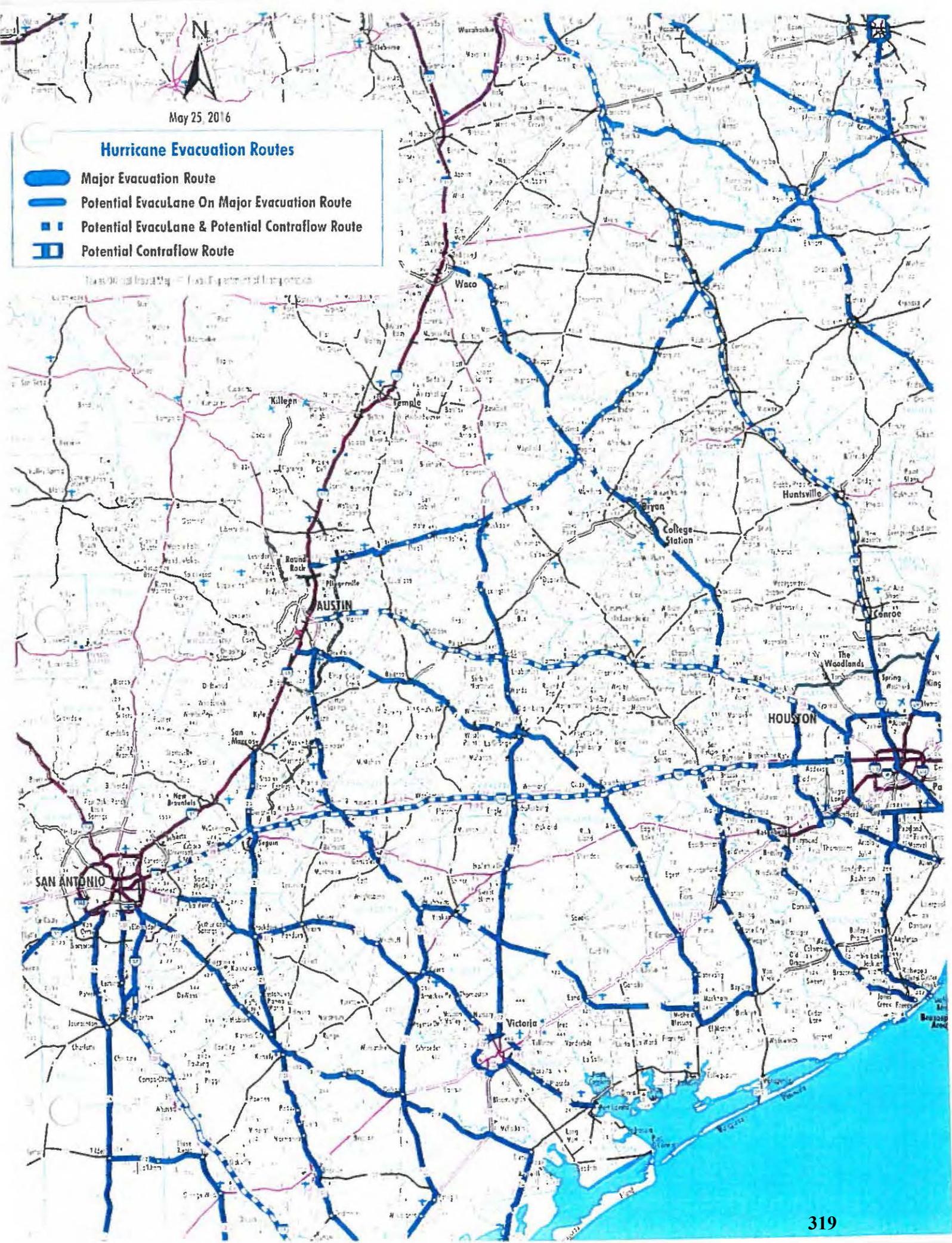


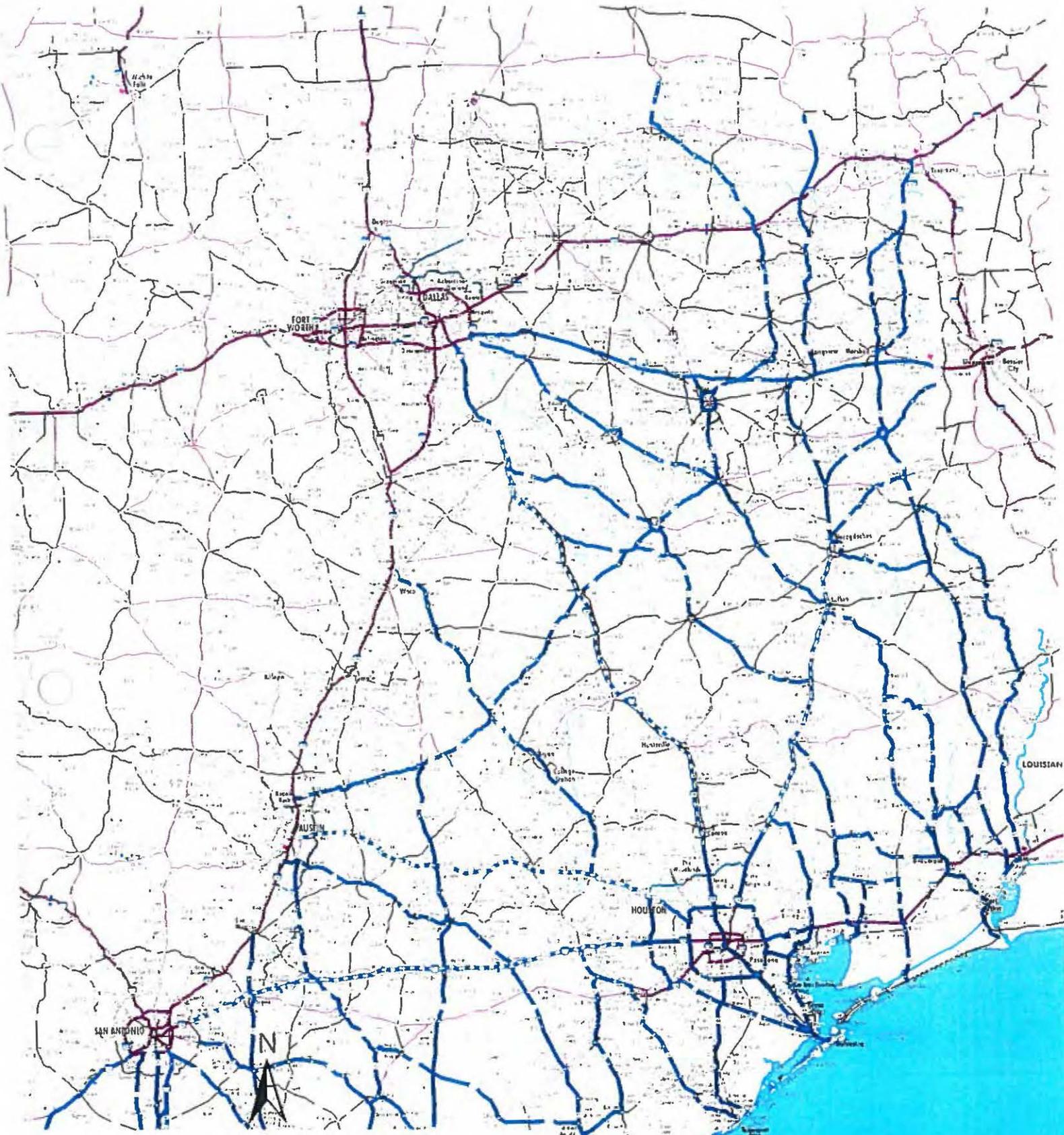


May 25, 2016

Hurricane Evacuation Routes

-  Major Evacuation Route
-  Potential EvacuLane On Major Evacuation Route
-  Potential EvacuLane & Potential Contraflow Route
-  Potential Contraflow Route





May 25, 2016

Hurricane Evacuation Routes

-  Major Evacuation Route
-  Potential Evacuation Lane On Major Evacuation Route
-  Potential Evacuation Lane & Potential Contraflow Route
-  Potential Contraflow Route

Source: Texas Department of Transportation



Hurricane Evacuation Routes and potential stopping points from Golden Triangle to Corsicana

Beaumont to Conroe - 91 Miles
 Conroe to Corsicana - 145.7 Miles

Highway	Mile Marker	Exit	Gas	Restroom	Food	Hotel Available	Hospital
105	Hwy. 105	Cleveland	Yes	Yes	Yes	Yes - -Super 8, Budget Inn	Yes
I-45	93-102	Conroe	Yes	Yes	Yes	Yes	Yes
I-45	112	Huntsville		Yes	Yes - Wendy's, Taco Bell	Yes	Yes
I-45	116	Huntsville	Yes	Yes	Yes - McDonalds	Yes	Yes
I-45	144	Madisonville	Yes - Bucees	Yes - Bucees	Yes - Tx. Burger, Jack in the Box	Yes	No
I-45	164	Centerville	Yes	Yes	Yes - Subway, Tx. Burger	Yes	No
I-45	178	Buffalo	Yes	Yes	Yes	Yes	No
I-45	197	Fairfield	Yes	Yes	Yes	Yes	Yes
I-45	228B	Corsicana	Yes	Yes	Yes	Yes	Yes

Once in Corsicana there are plenty of fuel and exit stops.

EVACUATION FROM CORPUS TO SAN ANTONIO



Highway	City	Exit	Gas	Restroom	Food	Hotel Available	Hospital	Comments
I-37	Corpus Christi	3A	Yes - Truck Stop	Yes		Holiday Inn Express, Hampton Inn, Days Inn, Rodway Inn, Super 8		Picnic Area
I-37	Corpus Christi	11	Yes - Shell, Leopard Food Mart, Stripes, Circle K	Yes	Yes - McDonalds, Subway, Taco Bell	Yes - Super 8		
I-37		19		Yes - Handicapped Accessible				Picnic Area
I-37	Skidmore/Mathis	34		Yes	Church's, Golden Fried Chicken, Sonic	LaQuinta and Lakeside Inn & Suites		
I-37	Skidmore/Mathis	36	Yes - Texaco, Valero, Shell, TX Star	Yes	Church's, Smolik's, DQ, McDonalds	LaQuinta and Lakeside Inn & Suites		
I-37				Rest Area				Parking Area between Exit 35 and 47
I-37	Swinney Switch	47	Yes	Yes	Swinney Switch Cafe	No		
I-37	George West	56	Yes - Valero/Shell/Stripes/Flying J/Tetco	Yes	Burger King, Taco Bell, Mad Dog BBQ, McDonalds		Yes - Christus Spohn Hospital	
I-37	George West	59	Yes - Stripes	Yes			Yes - Christus Spohn Hospital	
I-37	Three Rivers	69	Yes - Diamond Shamrock, Handi Stop Drive In	Yes	Wolf's Restaurant	Yes - Knights Inn, Rodeway Inn, Extend A Suites, Three Rivers Inn, Motel 6		
I-37	Three Rivers	72	Yes - Loves	Yes	McDonalds, Subway	Three Rivers Inn, Motel 6		
I-37	Whitsett	83	Yes - Pure Country Convenience, Exxon					
I-37	Pleasanton	104	Yes - Kuntry Korner, Pleasanton Pantry Food Mart	Yes	Kuntry Korner Steak & Eggs		Yes - South TX Regional Medical Center	
I-37	Pleasanton	109	Yes - Z's Super Stop, Wells Qwik Shop, Tedmart	Yes	Yes - Pizza Inn	Yes - Oasis Lodge	Yes - South TX Regional Medical Center	
I-37	Elmendorf	122	Yes - Tex Best, EZ Mart	Yes	Yes - Burger King	Yes - Best Western Plus		
I-37	Elmendorf	125	Yes - EZ Mart, Tex Best	Yes		Yes - Best Western Plus		
I-37	Southton	130	Yes - Tetco Valero & Shell	Yes		Yes - Days Inn		

EVAUCATION FROM HOUSTON TO AUSTIN



Highway	City	Exit	Gas	Restroom	Food	Hotel Available	Hospital	Comments
US 290	Hempstead		Yes - Chevron, Hempstead Truck Stop	Yes				
US 290	Waller		Yes - Love's, Buc-ees	Yes	Yes - Arby's, Buc-ees			
US 290	Giddings		Yes - Wilbert's Tire Center					
US 290	Hockley		Yes - Shell					
US 290	Elgin		Yes - Mobil					



**PLEASE PLACE
ROOM ROSTER BY ROOM
AND ALPHABETICAL
EVERY MONDAY**

Senior Care Centers

Emergency Satellite Phones

The SCC Satellite wireless phones are to be used in case of an emergency, facility evacuation or when otherwise instructed and when all other standard forms of communication fail. These standards include facility based phones, cell phones and fax lines.

We have the satellite phones on an EMERGENCY rate plan that incurs minimal charges to keep the phone active, however **per minute use charges are billed at \$1.25 per minute.**

When it is determined that all other forms of communication have failed and you will begin to communicate with the Command Center via the satellite phones, your first action is to **find a safe location outside of the building** (please see use instructions inside the case the phone comes in), **power up the phone**, wait several minutes for the phone to **acquire a satellite connection** and then **call the Command Center at -----** to report that you have begun using the Emergency Satellite phone.

Please keep the phone on at all times unless otherwise instructed. The phone should have a 14 hour stand by charge or 2 hour continuous talk time. There are AC and DC (automobile) charges located in the water proof case with the phones.

There is a list of important numbers in the waterproof case, however, please follow the communication guidelines set forth in the Emergency Plan.





**PLEASE PLACE
A COPY OF YOUR
RESIDENT ACUITY
INFORMATION SHEET
(LOCATED IN THE EMERGENCY
PRESPAREDNESS FOLDER)
EVERY MONDAY**

FACILITY NAME:

Last Date Updated:

Room # & Bed Assignment	Resident Name	Currently In-Hosp.	Ambulance Transport Unstable/Med Comp	Bed Bound - BOLD fixed Contractures or Bari bed bound - CANNOT be positioned in Bus seat	W/C Dependent If genchair put (GC) BUT can be positioned in bus seat	W/C Dependent TCC	Bariatric Has to stay in w/c & Note if can BW= bear wt	Ambulatory With or without assist of person or device and/or all other patients	External Fed residents	Wanderers/ Exit Seeker	O2 Dependent Note: if continuous or PRN	Isolation For What Organism	I.V. Put which days of week & how much longer	Trach Frequency of Suctioning	Dialysis Put which days of week	P. Ulcer How many & worse Stage	Diabetic Note if on Insulin (ins)
100 A																	
101 A																	
101 B																	
102 A																	
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103 A																	
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update weekly





SUPPLIES WHEN EVACUATING A FACILITY

Complete	Task	Comments
	Extension Cords	
	Masking Tape (for Glass and Identifying Equipment)	
	Permanent Markers	
	Plywood for Staying or Leaving	
	Flashlights	
	Batteries	
	Coleman Lanterns - DO NOT USE KEROSENE for FUEL	
	Coleman Stove - DO NOT USE KEROSENE for FUEL	
	Lighters (Fireplace/Candle Type)	
	Ice Chests	For Nurses Stations and for Each Transport Vehicle for Drinks, Food, Meds needing to be iced
	Water Containers	Facility Use and for Transport Vehicles (Emergency Water P&P for Quantity Requirements)
	Trash Bags (Heavy Duty)	
	Wet Vacuum	
	Hammers	
	Screwdrivers	
	Pliers	
	Nails	
	Crowbar	
	Charger for Any Battery Operated Tool	
	Rubber Maid Container for Each Transport Vehicle	(for Active Medical Records, Medications, Med Supplies)
	Distilled Water	
	Large Roll Heavy Plastic Sheeting	
	Burlap Bags/Sand	
	Emergency Generator Check	
	Fuel for Emergency Generator	To Run 90 Hours
	Empty Ice Bags, Begin Bagging and Put in Freezer	



BUS COLOR _____

BUS ASSIGNMENT

- _____ As Soon as the Bus Pulls Up, Lay Out the Disposable Chuck onto Each Seat
- _____ Verify that All Items that Belong on the Bus Are Loaded (See Checklist for Bus Items)
- _____ Remain at the Bus Entrance to Check off Each Resident to ensure all of the Assigned Residents Get on the Bus. (This is also a Good Time to Place a Pouch upon Each Resident's Neck that Contains their Face Sheet, Including any Pertinent Designated Info and to Place on Each Resident's Wrists the Respective Color Wristband that Corresponds with the Color of the Bus)
- _____ After the Residents are Loaded onto the Bus, Make Sure Each Assigned Staff Member Also Gets on the Correct Color Bus

Resident's will be Loaded onto the Bus According to Care

1. Walkers
2. Partial Assistance
3. Heavy Care

* After All Persons are Loaded onto the Bus, (Resident, Staff & Volunteers) a Final List will be Made by the Unit Manager of Everyone Onboard the Bus as well as any Cell Phone Numbers of People on the Bus. The List will then be Copied **THREE TIMES**, One Copy for the Administrator, one Copy Accompanies Each Bus and an Extra Copy to Keep. The List will also need to be faxed to the Receiving Facility for Verification upon Arrival.

Any Volunteer or Staff Member that will be Driving Their Own Vehicle Must Provide the Following Information:

1. List of All People in the Car
2. Any Cell Phone Numbers



ITEMS TO BE LOADED INTO THE UHAULS

- Mattresses (Use label to mark facility Name on each mattress)
- Air Mattresses (for those w/Orders and label)

- Medication Carts
- Feeding Pumps
- Oxygen in Holders
- Oxygen Concentrators
- Patient Charts
- Extra Medical Supplies

- Nebulizers

- Suction Machines

- Linens
 - Blankets
 - Sheets
 - Pillowcases
 - Pillows
 - Bath Towels
 - Wash Cloths

- Ice Chest w/Ice for Refrigerated Meds



CHECK LIST FOR CENTRAL SUPPLY

Place the Following Items in Cardboard Boxes (or Rubbermaid Containers) and Ensure that the Box is Labeled

- Foley Catheters
- Diapers / Pads
- Foley Trays
- Assorted Syringes
- Medication Cups
- Assorted OTC's
- Gloves
- Distilled Water
- Feeding Supplies (Bags, Food, Etc.)
- Combs/ Brushes
- Shampoo & Body Soap
- Thermometers
- Bandages
- Concentrator Supplies
- Glucometers
- Accu-Check Supplies
- Urinals (Male & Female)
- Pill Crusher
- Any Additional Equipment that is Resident Specific - Please List



BUS COLOR _____

ITEMS TO BE LOADED IN THE COOLERS FOR THE BUS

_____ Water (Enough for Residents, Employees and Volunteers)

_____ Juice

_____ Thickened Liquids

_____ Crackers, Chips

_____ Sandwiches

_____ Puddings

_____ Yogurt

_____ Cereal Bars

_____ Plastic Spoons

_____ Paper Cups

_____ Ice

_____ Snacks for Staff



BUS COLOR _____

ITEMS TO BE LOADED ON THE BUS

Equipment

- _____ 2 Oxygen Tanks in Holders
- _____ Adaptive Equipment (Labeled)
- _____ Splints & Slings (Labeled)

Supplies (Place items in a rubber maid container)

- | | |
|--|----------------------------|
| _____ Syringes for Insulin and Injectables | _____ Medical Tape |
| _____ Wet Wipes | _____ Sterile 4X4 |
| _____ Briefs | _____ Butadiene |
| _____ Sharps Container | _____ Glycerin Swabs |
| _____ Ambu Bag | _____ Emesis Basins |
| _____ Urinals: Male & Female | _____ Thermometers |
| _____ Blood Pressure Cuff & Stethoscope | _____ Medication Cups |
| _____ First Aid Supplies (Band Aids, Alcohol Wipes, TAO, Etc.) | _____ Pill Crusher |
| _____ Gloves | _____ Irrigation Tray |
| _____ Hand Sanitizer | _____ Paper Towels |
| _____ Trash Bags (Small and Large) | _____ Ziploc Bags (Gallon) |
| _____ *Resident Belonging Boxes (Clothing/Personal Items) | _____ Plastic Tub w/Meds |
| _____ Gallon Ziploc Bags w/Meds, MARS, TARS | |
| _____ 3 Day Supply Clothes (Labeled) | |

Under the Bus

- _____ Wheelchairs and Walkers (Labeled)
- _____ *Resident Personal Boxes (clothes and toiletries)



MAINTENANCE DISASTER PLAN LEAVING FACILITY CHECK-LIST

Complete	Task	Comments
	Notify Local Emergency Services that Your Residents and Staff will be Leaving and Give Them Contact Information if Needed in Case of Emergency	
	Ask that the Facility be Patrolled	
	Post Signs on Doors for Local Emergency Services with Pertinent Information if Needed in Case of an Emergency	
	Lock and/or Chain All Exit Doors	
	All Windows and Glass Doors Boarded up	
	Walkie Talkies (6) and Batteries for Communication	
	Secure all Ptac Window Units from Blowing into Rooms During High Winds	
	Extra Bio-Waste Canisters Delivered	
	Extra Oxygen Bottles Delivered	
	Extra Ice Bagged in the Freezer	
	Extra Bottled Drinking Water Delivered	
	Flash Lights and Batteries	
	Ice Chests	
	Wet Vacuum & Sub Pump	
	Propane Lanterns & Bottles of Propane ??	
	Hammers	
	Screwdrivers	
	Pliers Etc.	
	Masking or Duct Tape	
	Markers	
	Large Roll of Plastic Sheeting	
	Staple Gun and Staples	
	Sand Bags	
	Remove All Loose Items and Secure All Yard and Grounds Equipment	



Hurricane In-service – Evacuating or Staying in Place

Hurricane season begins June 1st and ends November 30th. As you probably know, Houston, The Golden Triangle, Corpus and Brownsville are in potential hurricane zones. During hurricane season, it may become necessary to shelter-in-place or evacuate to another SCC facility located outside of hurricane danger – namely Temple, San Antonio or Austin.

Staying in place can be very uncomfortable because of power outages which result in air conditioning loss and, unfortunately, most hurricanes occur in warm or hot months. An evacuation can also be very uncomfortable for all involved and the bus ride can be long and the receiving facility is accommodating an additional 100+ residents in limited space. We rely on the governor's office and other state agencies to release buses and have no control over the time the buses will arrive at the facility or the route we will take to the receiving facility.

If we stay in place or evacuate we will need your help. If we stay-in-place, we ask that employees work their scheduled shifts at a minimum, and work extra shifts when asked. If we evacuate, we will need one group of staff to travel and stay with the residents. We will need another group to be ready to assist the residents when returning home.

The receiving facility will try and cluster the evacuees in a specific area of the facility, when possible. We will also use the lobby, day rooms and therapy gym for additional housing of our residents. Expect your residents to be upset, scared and/or frustrated by the inconvenience. Do your best to offer encouragement and support.

When assisting our resident evacuees with their care, please be respectful of their privacy and dignity as much as possible. Common area accommodations can be upsetting for these residents.

Even though people will be working long hours with little to no sleep please do not forget that we are all part of the Senior Care team. We are bringing an additional 100+ residents to an already busy facility. Let's always be gracious and kind.



EVACUATION EMERGENCY CONTACT FORM

Please list your current contact information

Name:
Cell Phone Number:
Home Phone Number:

Please list an out-of-town emergency contact
(This contact should be someone outside of the evacuation area)

Name:
Cell Phone Number:
Home Phone Number:

Name:
Cell Phone Number:
Home Phone Number:

Name:
Cell Phone Number:
Home Phone Number:

Check One:

I am NOT part of the SCC Evacuation Team

I WILL be part of the SCC Evacuation Team

If you are part of the evacuation team, please let us know if you will be evacuating any
family members or animals that will need shelter

Family Member(s):
Animal(s): Yes or No (Circle One)
Type of Animal(s):





FACILITY EVACUATING – SECURING PREMISES

Complete	Task	Comments
	Leave Generator Running & Mike Parker will Notify Fuel-man to Check and Refuel if needed	
	Silence Trouble Alarm Signal in Event of a Power Failure	
	Secure All Oxygen Cylinders (Chained & Capped)	
	Move Furniture Toward Interior Walls and Away from Windows	
	Lock All Mediation Rooms, Supply & Equipment Room Doors	
	Turn Off Domestic Water	
	Sandbag Entrance and Exit Doors	
	Lock all Exit Doors	
	Leave Keys with Employee not Evacuating or Police	
	Put a Note on the Front Door that Includes – Administrator Contact Name, Various Contact Numbers and if an Employee is not Evacuating, List Their Name and Contact Numbers	
	Arrange with Police, National Guard or Private Guard to Control the Site	



MAINTENANCE CHECK-LIST SECURING THE PREMISES

- Tape All Glass to Reduce Breakage or Shattering or Place Plywood over the Glass
- Shut Off the Gas
- Ensure Remaining Oxygen Containers are Secured (Chained/Capped)
- Disconnect All Electrical Appliances (Except Freezer & Refrigerator)
- Close All Blinds
- Lock All Medication Rooms
- Place Blanket at the Base of All Exit Doors to Collect Dirt & Debris if the Water Should Enter the Building
- Close the Dumpster Lids
- Go Room by Room to Ensure that All Resident Refrigerators and Other Electrical Devices are Unplugged. Once Each Room has been Secured Close Door Behind you
- Unplug All of the Air Conditioning Unites that are in the Hallways
- Shut Down Laundry Equipment
- Open the Dryer Doors
- Shut Down the Air Conditioning System
- DO NOT Disconnect Electrical Utility Power
- Turn All Thermostats to the Off Position
- Inform the City When the Building is Completely Clean
- Trip Breakers (Excluding One that Powers the Freezer and Refrigerator)
- Move All Financial/Medical Records not Leaving, Off Floor



STAYING IN PLACE TO DO LIST & DISASTER SUPPLIES

- | | |
|---|--|
| <input type="checkbox"/> Order Bottled Oxygen | <input type="checkbox"/> Paper Plates |
| <input type="checkbox"/> Call Bells | <input type="checkbox"/> Paper Cups |
| <input type="checkbox"/> Whistles (No-Call Light Function) | <input type="checkbox"/> Paper Towel |
| <input type="checkbox"/> Bells (No-Call Light Function) | <input type="checkbox"/> Plastic Utensils |
| <input type="checkbox"/> Bike Horns (No-Call Light Function) | <input type="checkbox"/> Toilet Paper |
| <input type="checkbox"/> Wash all Soiled Linen/Determine Additional Linen | <input type="checkbox"/> Wrist Bands |
| <input type="checkbox"/> Biohazard Supplies | <input type="checkbox"/> Flashlights |
| <input type="checkbox"/> Trash Bags | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> Emergency Water Supply | <input type="checkbox"/> Soap (Hygiene) |
| <input type="checkbox"/> Have 7 Day Food Supply (Consider Food for Staff) | <input type="checkbox"/> Powder (Hygiene) |
| <input type="checkbox"/> Place order and any additional with US Foods | <input type="checkbox"/> Shampoo (Hygiene) |
| <input type="checkbox"/> Medline Order Latex Gloves | <input type="checkbox"/> Lotion (Hygiene) |
| <input type="checkbox"/> Medline Order Non-Latex Gloves | <input type="checkbox"/> Body Cleanser Foam |
| <input type="checkbox"/> Medline Order Briefs | <input type="checkbox"/> Pads of Skin |
| <input type="checkbox"/> Medline Order Wipes | <input type="checkbox"/> Shower Sheets |
| <input type="checkbox"/> Medline Order Sween 24 | <input type="checkbox"/> Fuel for Generator |
| <input type="checkbox"/> Medline Order Citric Aid Clear | <input type="checkbox"/> Extra Fuel |
| <input type="checkbox"/> Medline Order O2 Tubing | <input type="checkbox"/> Fans |
| <input type="checkbox"/> Medline Order Syringes | <input type="checkbox"/> Chart Forms if EMR goes out |
| <input type="checkbox"/> Medline Order Dressings | <input type="checkbox"/> Updated Face Sheets Ready |
| <input type="checkbox"/> Medline Order Straws | <input type="checkbox"/> Lanyards |
| <input type="checkbox"/> Medline Order Extra Alcohol Sanitizer | <input type="checkbox"/> Cell Phones Fully Charged |
| <input type="checkbox"/> Review Staffing Schedule | <input type="checkbox"/> Air Mattresses for Staff |
| <input type="checkbox"/> Outside Building prep via Enviro Communication | |
| <input type="checkbox"/> Check Emergency E-kits | |



STAYING IN PLACE NOTIFICATIONS

Complete	Task	Comments
	Notify Medical Director & Other Facility Physicians	
	Notify Dialysis Center	
	Notify Oxygen Supplier	
	Notify Bio-Hazard Waste Company	
	Notify Local Fire Department to Assist if Needed	
	Notify Church or Community Center for Assistance if Help is Needed	



MAINTENANCE DISASTER PLAN STAYING IN PLACE CHECK-LIST

Complete	Task	Comments
	Notify Local Emergency Services That Your Residents and Staff will be Leaving and Give Them Contact Information if Needed in Case of Emergency	
	Ask that the Facility be Patrolled	
	Generator - Arrange and Have Onsite with 96 Hours of Fuel for Generator	
	Secure Additional Generator Fuel	
	Generator - Run "Full Load Test" Before Event	
	All Windows and Glass Doors Boarded Up	
	Walkie Talkies (6) and Batteries for Communication	
	Secure All Ptac Window Units from Blowing into Rooms During High Winds	
	Extra Bio-Waster Canisters Delivered	
	Extra Oxygen Bottles Delivered	
	Extra Ice Bagged in the Freezer	
	Extra Bottled Drinking Water Delivered	
	Flash Lights & Batteries	
	Ice Chests	
	Wet Vacuum & Sub Pump	
	Propane Lanterns & Bottles of Propane ??	
	Hammers	
	Screwdrivers	
	Pliers Etc.	
	Masking or Duct Tape	
	Markers	
	Large Roll of Plastic Sheeting	
	Staple Gun and Staples	
	Sand Bags	
	Remove All Loose Items and Secure All Yard and Grounds Equipment	



HOUSEKEEPING SHELTER IN PLACE CHECK-LIST

Complete	Task	Comments
	Housekeeping - Ensure Supplies are Ordered or Picked-up (Order Extra)	
	Laundry - Ensure Supplies are Ordered or Picked-up (Order Extra)	
	Ensure Adequate Linen is Available. Check Linen Par Levels	
	Launder All Soiled Linen	
	Apply Masking Tape to All Glass to Reduce Breakage or Shattering	
	Board Glass Areas as Necessary	
	Secure Oxygen Cylinders (Chained and Capped)	
	Secure All Loose Items on Premises, Including Trash Cans, Outdoor Furniture, Lumber, Bricks, etc.	
	Place All Low Stored Items in the Building up Higher or Off the Floor	
	Thoroughly Clean/Disinfect Barrels/Carts Which may be Used to Store Water	
	Label Wheelchairs, Battery Operated Suction Machines, Walkers, Feeding Pumps, Mattresses, etc. That will be Transported to Receiving Facility in U-Haul Type Truck, with Facility Name	

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HURRICANE IN-SERVICE – RECEIVING FACILITY

Hurricane season begins June 1st. Senior Care Centers manages 18 facilities in “hurricane” areas – Houston, Corpus Christi, and Brownsville. During hurricane season it may become necessary to evacuate one or more of these buildings. In the event of that necessity, our facility will host approximately 100 evacuees and members of the event evacuating facility’s staff.

Because the evacuating facility will bring some of their own staff, supplies, and equipment, it is important to attempt to host their evacuees clustered into a specific area of our facility as much as possible. For this reason, we will temporarily relocate our residents from one of our four halls into the other resident halls. Residents will be placed three per room during this time. They will need to have at least three sets of clothes for those days they are relocated. We will not be able to move all of their belongings. Their families might choose to take their loved ones home for this time period or they may come and get some of their personal items to protect them. Whatever is left in the rooms will be covered with sheets during the time away. Our residents might be upset or frustrated by this inconvenience. Do your best to offer encouragement and support. We are all participating in a service to these evacuees who may feel scared and intimidated by their own situation.

The hall we choose to empty will accommodate evacuees three to a room. All other evacuees will be hosted in other common areas such as the rehab gym, lobby, or dining room. We will utilize every square foot of space. When assisting resident evacuees with their care, please be respectful of their privacy and dignity as much as possible. Common area accommodations can be disconcerting for these residents. During the daytime, the space used for sleeping at night may become the dining and activity area so organization and tidiness are necessities.

Although the evacuating facility will bring staff, supplies, and equipment, please keep in mind that we are all part of the same Senior Care team and let’s treat each other as members of the same team. Try to imagine yourselves in their shoes and consider how you might behave and how you would want to be treated. We will require your assistance with our additional guests and in some cases your assignment will be with evacuated guests working alongside evacuated staff. We will need assistance unloading evacuees upon their arrival and we will need assistance in reloading them once it is time for them to go back home. The timing of these events may be unexpected. Any extra time that you are willing to work during an evacuation is greatly appreciated. Please make sure that we have all of your contact information up to date. Every extra hand helps. There will be 100 more sets of linens and clothes to wash, 100 more meals being prepared and served, 100 more people to comfort, bathe, dress, groom and entertain, you are needed.



Warning

- **Administration** – Direct department head teams to notify residents of evacuees arriving of temporary relocations of the residents. (Relocation is optional however strongly encouraged). Once those tasks are complete instruct housekeeping to begin moving the residents and covering any items let behind by the residents in their rooms. Notify the ambulance company and any volunteers of estimated time of arrival for evacuees. Coordinate shelter assignments for all evacuees with the evacuating administrator. Take care in assignments for high acuity residents, male vs. female, incontinent vs. continent. Determine where supplies from the evacuating facility will be stored. Determine assignments for staff and volunteers such as unloading supplies, putting supplies away, unloading evacuees, corralling wheelchairs and walkers so that they are easily found when the user is unloaded, directing evacuees to their shelter assignments, caring for evacuees, passing nutrition and hydration. Divide your team into inside assignments and outside assignments.
- **Nurse Management** – Arrange for any needed specialized equipment and have it ready for arrival of evacuees. Reassign floor staff as residents are relocated to other halls. Direct nursing staff in preparations for evacuees. Assist Administrator in creating staff assignments.
- **Maintenance/Housekeeping/Laundry** – Move residents to their temporary relocations. Prepare the designated areas for evacuees. Have laundry and trash barrels outside ready for the unloading. Arrange space for staff of evacuating facility to rest. (They will go directly into 12-hour shifts and may have already worked more than that many hours). Have your vendors deliver your emergency order
- **Activities** – Make nametags for the doors of evacuee room assignments
- **Social Services** – Spend time residents assisting in their processing of the events.
- **PSR** – Remind staff of our expectations of them during this event. Schedule extra shifts for unloading and working with the evacuees. Coordinate with corporate for staff accommodations and assist as indicated.
- **Business Office Manager** – Maintain petty cash.



- **Central Supply** – Have your vendor deliver your emergency order. Assist nursing in arranging for specialized equipment. Order extra O2 tanks on how many resident evacuees will require its use.
- **Dietary** – Prepare snacks and beverages for the arrival of evacuated residents and staff. Have your vendor deliver your emergency order. Coordinate with the evacuating food service manager to determine if an additional freezer will be needed. If so, arrange for delivery.

Arrival

- **Administration** – Direct staff on the outside team.
- **Nurse Management** – Direct staff on the inside team.
- **Director of Staff Development** – Make a nametag for staff from each building stating in what area of the facility they are assigned and what hours they are expected to be present. (Do this at the beginning of each shift for the host building and the evacuating building for the duration).

Departure

- **Administration** – Arrange for the ambulance company and any volunteers to assist in reloading the evacuees and equipment. Coordinate with the evacuated Administrator in assigning staff and volunteers to specific tasks in preparing to and then loading evacuees and equipment. Assignments needed: A team to get residents to go, a team to get supplies ready to go, one or two people to direct evacuees to the appropriate colored bus or ambulance for loading (they will be responsible for ensuring each evacuated resident leaves the host facility), a team for each bus to prepare the bus for evacuees to board (chucks on the eats, coolers with drinks and cold snacks, bags/boxes with paper goods, dry snacks, and formula with materials to bolus tube feeders), a team to each bus for loading residents, a team for loading equipment into U-Hauls and underneath the busses. Again, it will be best to have an inside team and an outside team because once loading begins reverse flow traffic will be challenging.
- **Nurse Management** – Assist in preparation of residents for transport. Assist in loading residents.



- **Dietary** – Pack food and beverages for evacuees' bus ride home. Have water coolers ready for consumption during the loading process.
- **Housekeeping** – Assist in efforts in pack and prepare belongings and equipment for evacuees to return home. As shelter areas are cleared begin cleaning. Take down the privacy curtains for washing. Make every effort to have the facility ready for residents to return to their previous placements as soon as is reasonable. Once the resident rooms are ready, begin cleaning the common areas in order. Arrange for the storage POD to be picked-up once it is unloaded.
- **Laundry** – Prioritize evacuees' personal laundry and linens if possible to prepare them for packing and loading. After the evacuees have gone, prioritize the privacy curtains for the hall to which our residents will return.



HURRICANE PLAN – RECEIVING FACILITY

Hurricane Season Begins

At the beginning of the season an in-service should be held to discuss with staff the plan for accepting evacuees at the facility. This should include the expectations of the staff during the time that evacuees are sheltered in the facility. As new staff members are hired, the plan will be covered in new hire orientation.

Watch

- **Administration** – Ensure petty cash is available. Have the ambulance company on standby for unloading evacuees on arrival to facility. Begin calling local fire department for assistance in unloading evacuees. Coordinate department head assignments for during the crisis including a schedule of when they will be at the facility during the event. Plan for facility management representation 24 hours a day.
- **Nurse Management** – Determine which hall(s) will be utilized by evacuees. Assist evacuating facility with arrangements for dialysis care. Coordinate with evacuating facility any specialized equipment needs in the event a resident requires equipment that cannot be transported or equipment that a resident might need immediately in the event equipment does not arrive prior to the residents.
- **Maintenance** – Fax floor plan of the facility to the evacuating facility indicating in what areas evacuees will be sheltered. Bring extra beds and emergency items from the storage unit (cots, air mattresses, etc.).
- **Social Services** – Reserve hospital beds with local DME companies for use by evacuees.
- **Central Supply/Housekeeping/Laundry/Dietary** – Request that vendors prepare and hold your emergency order per the disaster manual in the event of their necessity.
- **PSR** – Provide current employee roster with phone numbers to the Administrator and Director of Nursing. Begin contacting the staff willing to assist with unloading, working with evacuated residents and reloading.



RECEIVING FACILITY DISASTER SUPPLIES

Quantity	Supply	Quantity	Supply
	Mattresses (Available)		Flashlights & Batteries
	Mattresses (Rent)		Fuel for Generator
	Bed Frames (Available)		Fans
	Bed Frames (Rent)		Wrist Bands (ID)
	Pillows (Available)		Call Bells
	Pillows (Needed)		Have 7 Day Food Supply
	O2 Concentrators Available		Biohazard Supplies
	Walkers (Available)		Trash Bags
	Bedside Commodes (Available)		Toilet Paper
	Order Bottled Oxygen		Plastic Utensils
	Order Oxygen Masks/Tubing		Paper Towel
	Order From US Foods/Place Additional Order		Paper Cups
	Wash All Soiled Linen		Paper Plates
	Determine Additional Linen Needs		Additional Towel Needs
	Medline Order Non-Latex Gloves		Extra Wander Guard Bracelets for evacuating resident's
	Medline Order O2 Tubing		Create Room Roster/Floor Plan with Beds to Insert Resident Names Upon Arrival
	Medline Order Medicine Cups		Review Staffing Schedule
	Medline Order Alcohol Sanitizer		Schedule Evacuation Staff to Work
	Medline Order Latex Gloves		Order Formula for Enteral Feeding Residents
	Medline Order Briefs		Find out Isolation Cases, etc.
	Medline Order Wet Wipes		For Dialysis Evacuee Find Out Dialysis Schedule
	Medline Order Straws		Digital/Polaroid Camera
	Soaps (Personal Hygiene)		Shampoo (Personal Hygiene)
	Lotion (Personal Hygiene)		Sween 24 (Personal Hygiene)
	Powder (Personal Hygiene)		Citric Acid Clear (Personal Hygiene)
	Foam Cleansers (Personal Hygiene)		Pads of Skin
	Shower Sheets		



RECEIVING FACILITY TO-DO-LIST

- Notify Medical Director
- Notify Other Facility Physicians
- Notify Dialysis Center
- Notify Oxygen Supplier
- Notify Church or Community Center for Staff and/or Families to Stay (If No Hotels)
- Notify Bio-Hazard Waste Company
- Notify Local Fire Department to Assist with Unload Residents

UPON ARRIVAL & ENTERING FACILITY

- As Bus Disembarks – Take down First and Last Name then call the Command Center validating that everyone is on the bus, and the TIME the bus arrived at your facility. ***THIS is a company requirement.** The Command Center lets families know of the arrival of their loved one.
- Take each Resident's Photograph
- Assign Bed/Room/Area
- Feed Them (Determine Chewing/Swallowing Limitations)
- Bathe and do Full Head to Toe Skin Check
- Leave Lanyards on Residents
- Create Master List of Where each Evacuated Resident is Located



Hurricane In-service – Evacuating or Staying in Place

Hurricane season begins June 1st and ends November 30th. As you probably know, Houston, The Golden Triangle, Corpus and Brownsville are in potential hurricane zones. During hurricane season, it may become necessary to shelter-in-place or evacuate to another SCC facility located outside of hurricane danger – namely Temple, San Antonio or Austin.

Staying in place can be very uncomfortable because of power outages which result in air conditioning loss and, unfortunately, most hurricanes occur in warm or hot months. An evacuation can also be very uncomfortable for all involved and the bus ride can be long and the receiving facility is accommodating an additional 100+ residents in limited space. We rely on the governor's office and other state agencies to release buses and have no control over the time the buses will arrive at the facility or the route we will take to the receiving facility.

If we stay in place or evacuate we will need your help. If we stay-in-place, we ask that employees work their scheduled shifts at a minimum, and work extra shifts when asked. If we evacuate, we will need one group of staff to travel and stay with the residents. We will need another group to be ready to assist the residents when returning home.

The receiving facility will try and cluster the evacuees in a specific area of the facility, when possible. We will also use the lobby, day rooms and therapy gym for additional housing of our residents. Expect your residents to be upset, scared and/or frustrated by the inconvenience. Do your best to offer encouragement and support.

When assisting our resident evacuees with their care, please be respectful of their privacy and dignity as much as possible. Common area accommodations can be upsetting for these residents.

Even though people will be working long hours with little to no sleep please do not forget that we are all part of the Senior Care team. We are bringing an additional 100+ residents to an already busy facility. Let's always be gracious and kind.

Medline Representatives and Supervisors - JUNE 2017

CUSTOMER	SOLD TO NAME	ADDRESS	CITY	STATE	PHONE	SALES REP	REP EMAIL	REP PHONE	MANAGER NAME	MANAGER EMAIL
1568351	AGAPE NORTH EAST REGIONAL HOSPICE	510 TREMONT ST STE 100	WEST MONROE	LA		TRAVIS ROGERS			JAKE GABRIEL	
1521992	BANDERA NURSING/REHAB CTR	222 FM 1077	BANDERA	TX		ARTHUR HARRISON			JAKE GABRIEL	
1521997	BAYTOWN NURSING/REHAB CENTER	3021 N MAIN ST	BAYTOWN	TX		LAURA RODGERS			JAKE GABRIEL	
1521974	BRODIE RANCH NURSING/REHAB CENTER	2101 FRATE BARKER RD	AUSTIN	TX		JARED BECKELMAN			JAKE GABRIEL	
1521996	CEDAR BAYOU NURSING/REHAB CENTER	2000 W BAKER RD	BAYTOWN	TX		ASHLEY HURLBURT			JAKE GABRIEL	
1467436	COTTONWOOD CREEK NRSNG AND REHAB	1500 COTTONWOOD CREEK TRL	CEDAR PARK	TX		JARED BECKELMAN			JAKE GABRIEL	
1069874	CRESTWOOD HEALTH AND REHAB CTR 104	1448 HOUSTON ST	WILLS POINT	TX		vacant			GREG DEMENT	
1161475	CYPRESS GLEN 930	7200 9TH AVE	PORT ARTHUR	TX		ASHLEY HURLBURT			JAKE GABRIEL	
1019457	CYPRESS GLEN E NRSNG REHAB 931	4225 LAKE ARTHUR DR	PORT ARTHUR	TX		ASHLEY HURLBURT			JAKE GABRIEL	
1368357	GAMBLE HOSPICE CARE	3025 HALSEY ST STE C	ALEXANDRIA	LA		ROCKY GUIDRY			JAKE GABRIEL	
1069083	HEARTHSTONE HEALTH CENTER 118	401 OAKWOOD BLVD	ROUND ROCK	TX		JOHN TAYLOR			CURT MCCLAIN	
1474706	HEATHERWILDE ASSISTED LIVING	401 S HEATHERWILDE BLVD	PFLUGERVILLE	TX		JARED BECKELMAN			JAKE GABRIEL	
1474654	HERITAGE OAKS RET VILLAGE	3002 W 2ND AVE FRONT	CORSICANA	TX		JOHN TAYLOR			CURT MCCLAIN	
1063217	HERITAGE OAKS RETIREMENT VILLAGE	3002 W 2ND AVE	CORSICANA	TX		JOHN TAYLOR			CURT MCCLAIN	
1254764	HERITAGE OAKS WEST RETIREMENT VLG	3300 W 2ND AVE	CORSICANA	TX		JOHN TAYLOR			CURT MCCLAIN	
1342788	HILL COUNTRY CARE REHAB AND NURSING	1505 W HIGHWAY 290	DRIPPING SPRINGS	TX		JARED BECKELMAN			JAKE GABRIEL	
1020393	HILL COUNTRY REHAB AND NRSNG 939	810 INDUSTRIAL AVE	COPPERAS COVE	TX		JOHN TAYLOR			CURT MCCLAIN	
1566744	HOLLAND LAKE SCC	1201 HOLLAND LAKE DR	WEATHERFORD	TX		KENT DICKSON			GREG DEMENT	
1474700	HOMESTEAD OF DENSON 916	1101 REBA MACENTIRE LN	DENISON	TX		GINA DARR			CURT MCCLAIN	
1069876	HONEY GROVE NURSING CENTER 106	1303 E MAIN ST	HONEY GROVE	TX		GINA DARR			CURT MCCLAIN	
1023599	INDIAN OAKS LIVING CENTER 938	415 INDIAN OAKS DR	HARKER HEIGHTS	TX		JOHN TAYLOR			CURT MCCLAIN	
1521994	LA HACIENDA NURSING/REHAB CENTER	3730 W OREM DR	HOUSTON	TX		MATTHEW BISHOP			JAKE GABRIEL	
1487374	LAKESIDE ALF	8627 LAKESIDE PKWY	SAN ANTONIO	TX		STEVEN (BLAKE) JONES			JAKE GABRIEL	
1561792	LAS VENTANAS DE SOCORRO	10064 ALAMEDA AVE	SOCORRO	TX		SEAN HURLEY			CURT MCCLAIN	
1467810	MARLANDWOOD EAST - SENIOR CARE	1511 MARLANDWOOD RD	TEMPLE	TX		JOHN TAYLOR			CURT MCCLAIN	
1230080	MESA VISTA INN HEALTH CENTER 908	5756 N KNOLL	SAN ANTONIO	TX		TINA COMBINS			JAKE GABRIEL	
1019830	MISSION NURSING AND REHAB 129	1013 S BRYAN RD	MISSION	TX		JOHN PEREZ			JAKE GABRIEL	
1019371	MULLICAN CARE CENTER 107	105 N MAIN	SAVOY	TX		GINA DARR			CURT MCCLAIN	
1521991	MYSTIC PARK NURSING/REHAB CENTER	8503 MYSTIC PARK	SAN ANTONIO	TX		ARTHUR HARRISON			JAKE GABRIEL	
1521995	PARAMOUNT SENIOR CARE CTRS-PASADENA	3434 WATTERS RD	PASADENA	TX		JASON JACOB			JAKE GABRIEL	
1521990	PARAMOUNT SENIOR CARE CTRS-SAN ANTO	5437 EISENHOWER RD	SAN ANTONIO	TX		TINA COMBINS			JAKE GABRIEL	
1211968	PARK BEND HEALTHCARE 115	2122 PARK BEND DR	AUSTIN	TX		JARED BECKELMAN			JAKE GABRIEL	
1336006	PARK VALLEY INN HEALTH CENTER 943	17751 PARK VALLEY DR	ROUND ROCK	TX		JARED BECKELMAN			JAKE GABRIEL	
1231554	PAVILION ASSISTED LIVING	211 CEDAR DR	PORTLAND	TX		BRITT MURRAY			JAKE GABRIEL	
1342801	PF CAN TREE REHAB AND HLTHCR CTR 123	1900 E CALIFORNIA ST	GAINESVILLE	TX		GARRET (HUNTER) SCOTT			GREG DEMENT	
1039742	PLASANT MANOR HEALTH/REHAB CENTER	3650 S W 35 E	WAXAHACHIE	TX		NEIL KOJIANIC			CURT MCCLAIN	
1336020	RED OAK HLTH AND REHAB CTR 102	101 REESE DR	RED OAK	TX		NEIL KOJIANIC			CURT MCCLAIN	
1521973	RIVERSIDE NURSING/REHAB CENTER	6801 E RIVERSIDE DR	AUSTIN	TX		JARED BECKELMAN			JAKE GABRIEL	
1336034	ROCKWALL NURSING CARE CTR 101	206 STORRS ST	ROCKWALL	TX		GINA DARR			CURT MCCLAIN	
1050830	ROWLETT HEALTH AND REHAB CTR 105	9300 LAKEVIEW PKWY	ROWLETT	TX		GINA DARR			CURT MCCLAIN	
1244991	SAGEBROOK HEALTH CENTER 119	901 DISCOVERY BLVD	CEDAR PARK	TX		JARED BECKELMAN			JAKE GABRIEL	
1360371	SCC - CROWLEY 136	920 E FM 1187	CROWLEY	TX		SAMANTHA SHELDEN ELLIOTT			GREG DEMENT	
1336019	SCC - DENTON 114	7244 BRINKER RD	DENTON	TX		FRANK MACKAY			GREG DEMENT	
1360369	SCC - GREEN OAKS 135	3033 W GREEN OAKS BLVD	ARLINGTON	TX		KENT DICKSON			GREG DEMENT	
1342800	SCC - MIDLAND 122	3000 MOCKINGBIRD	MIDLAND	TX		JASON THOMPSON			GREG DEMENT	
1342803	SCC - SAN ANGELO	5455 KNICKERBOCKER RD	SAN ANGELO	TX		JASON THOMPSON			GREG DEMENT	
1544847	SCC AT CLEAR BROOK CROSSING 207	10800 FLORA MAE MEADOWS RD	HOUSTON	TX		TRUETT MANNING			JAKE GABRIEL	
1544808	SCC AT HUNTERS POND 206	9903 HUNTERS POND	SAN ANTONIO	TX		ARTHUR HARRISON			JAKE GABRIEL	
1544809	SCC AT PF CAN VALLEY 208	3839 E SOUTHCROSS BLVD	SAN ANTONIO	TX		STEVEN (BLAKE) JONES			JAKE GABRIEL	
1544846	SCC AT WESTOVER HILLS 209	9922 STATE HWY 151	SAN ANTONIO	TX		ARTHUR HARRISON			JAKE GABRIEL	
1445711	SCC EDINBURG LLC 139	4503 S SUGAR RD	EDINBURG	TX		BRITT MURRAY			JAKE GABRIEL	
1568353	SCC OF ALPINE REHAB CTR	2401 N SERVICE RD E	RUSTON	LA		TRAVIS ROGERS			JAKE GABRIEL	
1568355	SCC OF BRADFORD REHAB CTR	3050 BAIRD RD	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	
1579708	SCC OF BRADFORD REHAB CTR (PRIVATE)	3050 BAIRD RD	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	
1575386	SCC OF COLONIAL OAKS REHAB (PRIVATE)	4921 MEDICAL DR	BOSSIER CITY	LA		TRAVIS ROGERS			JAKE GABRIEL	
1568356	SCC OF COLONIAL OAKS REHAB CTR	4921 MEDICAL DR	BOSSIER CITY	LA		TRAVIS ROGERS			JAKE GABRIEL	
1576817	SCC OF PILGRIM MANOR PRIVATE PAY	1524 DOCTORS DR	BOSSIER CITY	LA		TRAVIS ROGERS			JAKE GABRIEL	
1568359	SCC OF PILGRIM MANOR REHAB CTR	1524 DOCTORS DR	BOSSIER CITY	LA		TRAVIS ROGERS			JAKE GABRIEL	
1568361	SCC OF SPRINGLAKE REHAB CTR	8622 LINE AVE	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	
1579709	SCC OF SPRINGLAKE REHAB CTR (PRIVATE)	8622 LINE AVE	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	
1544848	SCC VALLEY GRANDE 215	901 WILDROSE LN	BROWNSVILLE	TX		BRITT MURRAY			JAKE GABRIEL	
1568354	SCC/BOOKER T WASHINGTON REHAB CTR	7605 LINE AVE	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	
1568360	SCC/SHREVEPORT MANOR REHAB CTR	3302 MANSFIELD RD	SHREVEPORT	LA		JARED PILGREEN			JAKE GABRIEL	

1026540	SCC-DALLAS 103	2815 MARTIN LUTHER KING JR BLVD	DALLAS	TX	GINA DARR	CURT MCCLAIN
1360372	SCC-GRANBURY	1300 E 2ND ST 137	GRANBURY	TX	SAMANTHA SHILDEN ELLIOTT	GREG DEMENT
1142799	SCC-JACKSONVILLE 121	810 BELLAIRE ST	JACKSONVILLE	TX	vacant	GREG DEMENT
1336027	SENIOR CARE AT HEWITT 132	8836 MARS DR	HEWITT	TX	JOHN TAYLOR	CURT MCCLAIN
1336036	SENIOR CARE AT LAKE POINTE108	6700 HERITAGE PKWY	ROCKWALL	TX	GINA DARR	CURT MCCLAIN
1359135	SENIOR CARE AT ONION CREEK 131	1700 ONION CREEK PKWY	AUSTIN	TX	JARED BECKELMAN	JAKE GABRIEL
1359940	SENIOR CARE AT STEPHENVILLE 130	2681 NW LOOP	STEPHENVILLE	TX	JASON THOMPSON	GREG DEMENT
1199178	SENIOR CARE BFL LINE 110	106 BCLT LINE RD	GARLAND	TX	GARRET (HUNTER) SCOTT	GREG DEMENT
1568350	SENIOR CARE HOSPICE CARE CENTER	8950 E KINGS HWY	SHREVEPORT	LA	JARED PILGREEN	JAKE GABRIEL
1568352	SENIOR CARE HOSPICE CARE CENTER MIN	104 MBL BANK DR	MINDEN	LA	JARED PILGREEN	JAKE GABRIEL
1669569	SENIOR CARE HOSPICE IPU MINDEN	104 MBL BANK DR	MINDEN	LA	JARED PILGREEN	JAKE GABRIEL
1669107	SENIOR CARE HOSPICE IPU SHREVEPORT	8950 E KINGS HWY	SHREVEPORT	LA	JARED PILGREEN	JAKE GABRIEL
1411295	SENIOR CARE OF BROWNWOOD 138	2700 MEMORIAL PARK DR	BROWNWOOD	TX	JASON THOMPSON	GREG DEMENT
1461724	SENIOR CARE OF CORPUS CHRISTI ALF	202 FORTUNE DR	CORPUS CHRISTI	TX	BRITT MURRAY	JAKE GABRIEL
1461723	SENIOR CARE OF CORPUS CHRISTI SNF 1	202 FORTUNE DR	CORPUS CHRISTI	TX	BRITT MURRAY	JAKE GABRIEL
1467811	SENIOR CARE OF MARLANDWOOD WEST 142	1700 MARLANDWOOD RD	TEMPLE	TX	JOHN TAYLOR	CURT MCCLAIN
1467812	SENIOR CARE OF MEADOW CREEK 143	4343 OAK GROVE BLVD	SAN ANGELO	TX	BRAN ERIC HOLMES	RHONDA BALIFF
1467813	SENIOR CARE OF ROUND ROCK 145	1008 E MAIN ST	ROUND ROCK	TX	JARED BECKELMAN	JAKE GABRIEL
1467814	SENIOR CARE OF SUMNER REGENCY 146	3745 SUMMER CREST DR	SAN ANGELO	TX	JASON THOMPSON	GREG DEMENT
1521972	SENIOR CARE OF WEST OAKS	3200 W SLAUGHTER LN	AUSTIN	TX	JARED BECKELMAN	JAKE GABRIEL
1467815	SENIOR CARE OF WESTERN HILLS 147	512 DRAPER DR	TEMPLE	TX	JOHN TAYLOR	CURT MCCLAIN
1467816	SENIOR CARE OF WESTON INN 148	2505 S 37TH ST	TEMPLE	TX	JOHN TAYLOR	CURT MCCLAIN
1521998	SENIOR CARE OF WESTWOOD	8702 S COURSE DR	HOUSTON	TX	MATTHEW BISHOP	JAKE GABRIEL
1467817	SENIOR CARE OF WINDCREST 149	8800 FOURWINDS DR	SAN ANTONIO	TX	STEVEN (BLAKE) JONES	JAKE GABRIEL
1467818	SENIOR CARE OF WURZBACH 150	8300 WURZBACH RD	SAN ANTONIO	TX	ARTHUR HARRISON	JAKE GABRIEL
1352419	STALLINGS COURT NRSG REHAB CTR 12	4616 NE STALLINGS DR	NACOGDOCHES	TX	vacant	GREG DEMENT
1011486	STONEBRIDGE HEALTH CENTER 116	11127 CIRCLE DR	AUSTIN	TX	JARED BECKELMAN	JAKE GABRIEL
1566795	STONEGATE SCC	4201 STONEGATE BLVD	FORT WORTH	TX	SAMANTHA SHILDEN ELLIOTT	GREG DEMENT
1336108	SUMMER PLACE NURSING AND REHAB 924	2485 S MAJOR DR	BEAUMONT	TX	ASHLEY HURLBURT	JAKE GABRIEL
1279636	SUNDANCE INN HEALTH CENTER 942	2034 SUNDANCE PKWY	NEW BRAUNFELS	TX	STEVEN (BLAKE) JONES	JAKE GABRIEL
1642136	THE GABLES AT SPRINGLAKE ALF	8622 LINE AVE	SHREVEPORT	LA	TRAVIS ROGERS	JAKE GABRIEL
1568358	THE GUEST HOUSE	9225 NORMANDIE DR	SHREVEPORT	LA	JARED PILGREEN	JAKE GABRIEL
1579710	THE GUEST HOUSE (PRIVATE PAY)	9225 NORMANDIE DR	SHREVEPORT	LA	JARED PILGREEN	JAKE GABRIEL
1258325	THE MEADOWS 929	4201 FM 105	ORANGE	TX	ASHLEY HURLBURT	JAKE GABRIEL
1521999	THE POINTE NURSING/REHAB CENTER	17231 MILL FOREST RD	WEBSTER	TX	TRUETT MANNING	JAKE GABRIEL
1474703	THE ROSEWOOD	5700 E CENTRAL TEXAS EXPY	KILLEEN	TX	JOHN TAYLOR	CURT MCCLAIN
1474704	THE ROSEWOOD ASSISTED LIVING	5700 E CENTRAL TEXAS EXPY	KILLEEN	TX	JOHN TAYLOR	CURT MCCLAIN
1341390	THE VINTAGE HEALTH CARE CENTER 113	205 N BONNE BIRAE ST	DENTON	TX	FRANK MACKAY	GREG DEMENT
1398624	TRISUN - CORSICANA	3210 W HIGHWAY 22 915	CORSICANA	TX	MICHAEL LETZTER	CHRISTINE GORECKI
1395539	TRISUN CARE CENTER - LAKESIDE 949	8707 LAKESIDE PKWY	SAN ANTONIO	TX	STEVEN (BLAKE) JONES	JAKE GABRIEL
1020517	TRISUN CARE CTR - RIVER RIDGE 910	3922 W RIVER DR	CORPUS CHRISTI	TX	BRITT MURRAY	JAKE GABRIEL
1019385	TRISUN CARE CTR - WESTWOOD 911	801 CANTWELL LN	CORPUS CHRISTI	TX	BRITT MURRAY	JAKE GABRIEL
1398620	TRISUN CARE CTR - NORTHEAST EL PASO	11169 SEAN HAGGERTY DR	EL PASO	TX	SEAN HURLEY	CURT MCCLAIN
1162070	TRISUN CARE CTR-COASTAL PALMS 947	221 CEDAR DR	PORTLAND	TX	BRITT MURRAY	JAKE GABRIEL
1020625	VALLEY GRANDE MANOR INC	901 WILDROSE LN	BROWNSVILLE	TX	BRITT MURRAY	JAKE GABRIEL
1434993	VICTORIA GARDENS OF ALLEN 905	310 S JUNIPER RD	ALLEN	TX	GINA DARR	CURT MCCLAIN
1474701	VICTORIA GARDENS OF FRISCO 919	10700 ROLATER RD	FRISCO	TX	NEIL KOCIANIC	CURT MCCLAIN
1474705	VISTA RIDGE OF LEWISVILLE N R 941	700 E VISTA RIDGE MALL DR	LEWISVILLE	TX	NEIL KOCIANIC	CURT MCCLAIN
1522000	WEST OAKS NURSING/REHAB CENTER	3625 GREEN CREST DR	HOUSTON	TX	BRENT PERKINS	JAKE GABRIEL
1018560	WHITESBORO HEALTH / REHAB CTR 111	1204 SHERMAN DR	WHITESBORO	TX	GARRET (HUNTER) SCOTT	GREG DEMENT
1267408	WINDCREST NURSING AND REHAB 918	210 W WINDCREST ST	FREDERICKSBURG	TX	STEVEN (BLAKE) JONES	JAKE GABRIEL
1521993	WINDMILL NURSING/REHAB CENTER	507 MARTIN LUTHER KING BLVD	LUBBOCK	TX	GARRET (HUNTER) SCOTT	GREG DEMENT
1477520	WINTERS PARK NURSING AND REHAB 921	3737 N GARLAND AVE	GARLAND	TX	FRANK MACKAY	GREG DEMENT
1474707	WYOMING SPRINGS AL	7230 WYOMING SPGS	ROUND ROCK	TX	JARED BECKELMAN	JAKE GABRIEL



Medline Industries, Inc.

10000 North Central Expressway

Scottsdale, Arizona 85258

1-800-368-6777

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medline.com

January 1, 2017

DISASTER PREPAREDNESS CHECKLIST

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



Medline Industries, Inc.

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

Gulf Coast Plan
Updated January 2017

Disaster Preparedness and Response Plan

PURPOSE AND SCOPE

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

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

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

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

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

Disaster Preparedness and Response Plan

Medline Capabilities

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

Our greatest strengths include our network of 40+ distribution centers with 14+ million SF, thousands of dedicated Team Members, 450+ power units in our owned fleet, \$1.4+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

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

Medline's inventory management system helps us achieve the highest service levels in the Healthcare industry. In the event of a disaster the same system can be used to redirect any portion of more than \$1,400,000,000 of inventory into a targeted geographic area. For the Gulf Coast, our distribution centers in Orlando, FL; Miami, FL; Oklahoma City, OK; Prattville, AL; Maumelle, AR; Katy, TX; Memphis, TN; and Covington, LA; combined with the Wilmer, TX and McDonough, GA distribution centers (two of our largest central stocking locations or "Hubs"), offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

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

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

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

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

Disaster Preparedness and Response Plan

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Exhibit 5

LAKE ARTHUR
FIRE AND
SAFETY
FACILITY
DISASTER PLAN

LAKE ARTHUR PLACE
ADMINISTRATIVE CONTACT LIST
WALKIE FREQUENCY FOR THE BUILDING IS 7!!!!

RVP	JAY CAMPBELL	**	832.643.1110
D.O.N.	ANDREA COLEMAN	**	337.372.0007 EXT.129
A.D.O.N.	KRISTINA MIDDLETON	**	409.658.4653
DADS PROGRAM	DEBBIE MOORE	**	409.730.4091
			409.673.3422
			409.782.0604
ADMINISTRATOR	JEFF ROSETTA	**	409.284.2299
ADMISSIONS/BOM	ANGIE STELLY	**	409.540.5335 EXT.100
PSR	KENNETHIA PAUL	**	409.998.2313 EXT.104
LIFE ENRICH. DIR.	JOYLYN MITCHELL	**	409.365.3427 EXT.117
RECEPTIONIST	MYESHA ANDERSON	**	409.665.0790 EXT.102
MDS CORDINATORS	DONNA REUE	**	409.289.3857 EXT.122
	TAMMY EATON	**	409.767.0790 EXT.128
SOCIAL SERVICES	TIFFANY LONCON	**	409.670.3377 EXT.108
MEDICAL RECORDS	IRISH TAYLOR	**	337.377.9012 EXT.121
DIETARY MANAGER	ANGELA LINDEN	**	409.433.6903 EXT.111
ENV. SUPERVISOR	VERONICA	**	409.344.7824 EXT.118
MAINT. DIRECTOR	RODNEY	**	832.762.7745
NURSES STATION A		**	EXT 109,110
NURSES STATION B		**	EXT 106,107
JANETTE TWEEDEL		**	409.540.8499
DR. GEORGE		**	409.344.2800
ANGIE MEREDITH		**	830.446.6427



Lake Arthur Place Nursing and Rehabilitation
4225 Lake Arthur Drive
Port Arthur, TX 77642
Terell Samuel, Administrator

Emergency Preparedness Plan
Effective May 1, 2016

EMERGENCY PREPAREDNESS PLAN
LAKE ARTHUR PLACE

The Emergency Preparedness Plan has been reviewed and approved by:

Signature: *[Handwritten Signature]* Date: 2/21/2016

Signature: *[Handwritten Signature]* Date: 2/21/2016

Signature: _____ Date: _____

EMERGENCY PREPAREDNESS PLAN

INDEX

LAKE ARTHUR PLACE
EMERGENCY PREPAREDNESS PLAN INDEX

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SECTION 1

EMERGENCY PHONE NUMBERS

SECTION 1**EMERGENCY PHONE NUMBERS**

Alarm System	TOTAL FIRE & SAFETY	800-683-6773 214-381-6116
Fire Department – EMERGENCY	LOCAL FIRE DEPT.	911
Fire Department – Non Emergency	LOCAL FIRE DEPT.	409-983-8700
Electrical Company	B.C. Miller Electric	409-722-9141
Fire Inspector	Mark Mulliner	409-983-8732
Emergency Mgmt. Coordinator	John Owens	409-983-8616
Water	City of Port Arthur	409-983-8180
Potable Water	PFG	800-375-3606
Texas Dept. of Aging and Disability Services	LOCAL	409-730-4115
Plumbing/Heat/Air	Moore's	409-794-3093
Sprinkler System	FIRETROL	713-343-1600
Generator	Clifford Power	972-265-0768
Phone System	Century Link	866-642-0444
Gas	Center Point Gas	800-376-9663
Trash	City of Port Arthur	409-983-8521

EMERGENCY PERSONNEL FOR LAKE ARTHUR PLACE

Acadian EMS	409-284-8148
American Red Cross	409-985-7461
Fire/EMS/Police	911
Port Arthur Police – Animal Control	409-983-8785
Local Health Department	409-983-8800
Bio-Medical (Hazardous Materials)	409-736-2447
Southeast Texas Regional Airport	409-719-4900
B.C. Miller Electric	409-722-9141
Water 24hr. Emergency (PFG)	800-375-3606
Poison Control	800-222-1222
Emergency Road Conditions	877-843-7826
National Guard	512-782-5003
Evacuation Facility Sites:	
Summer Place Nursing and Rehab	409-861-4611
Heritage Oaks Retirement Village	903-872-5130
Heritage Oaks West	903-874-5333

SECTION 2

EVACUATION DESTINATIONS

•

MAPS/DIRECTIONS

•

HOSPITAL LOCATIONS

•

EMERGENCY AGREEMENTS

•

POTABLE WATER AGREEMENT

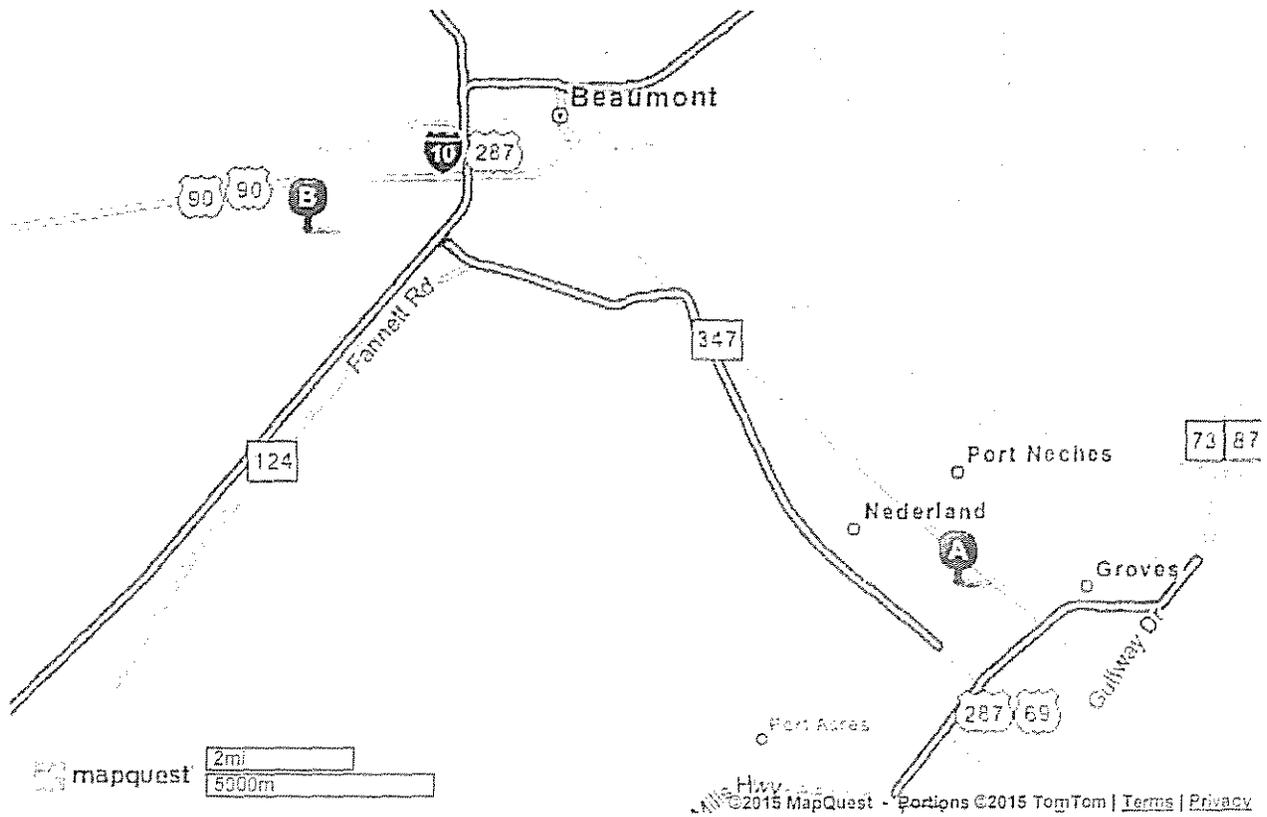


Trip to:
2485 S Major Dr
 Beaumont, TX 77707-5016
 19.10 miles / 21 minutes
 Notes

- | | | |
|----------|--|---------------------------------|
| | 4225 Lake Arthur Dr, Port Arthur, TX 77642-6490 | Download
Free App |
| | 1. Start out going southwest on Lake Arthur Dr toward Royal Meadows St. Map | 1.3 Mi
<i>1.3 Mi Total</i> |
| | 2. Turn right onto Memorial Blvd. Map | 0.03 Mi
<i>1.3 Mi Total</i> |
|
 | 3. Merge onto US-69 N / US-96 N / US-287 N via the ramp on the left. Map | 13.8 Mi
<i>15.1 Mi Total</i> |
| EXIT
 | 4. Take the US-69 N / US-96 N / US-287 N exit toward I-10 E / Lake Charles / Lufkin. Map | 0.1 Mi
<i>15.2 Mi Total</i> |
| EXIT
 | 5. Take the exit toward Washington Blvd. Map | 0.2 Mi
<i>15.4 Mi Total</i> |
| | 6. Merge onto Interstate 10 S. Map | 0.2 Mi
<i>15.6 Mi Total</i> |
| | 7. Take the 1st left onto Washington Blvd. Map
<i>Washington Blvd is 0.1 miles past Corporate Dr
If you reach Corley St you've gone about 0.4 miles too far</i> | 3.1 Mi
<i>18.7 Mi Total</i> |
| | 8. Turn left onto S Major Dr. Map
<i>S Major Dr is 0.1 miles past Avalon St
If you reach Westchase Dr you've gone about 0.1 miles too far</i> | 0.4 Mi
<i>19.1 Mi Total</i> |
| | 9. 2485 S MAJOR DR is on the left. Map
<i>Your destination is just past Pevitot Rd
If you reach Humble Rd you've gone about 0.2 miles too far</i> | |
| | 2485 S Major Dr, Beaumont, TX 77707-5016 | |

Total Travel Estimate: 19.10 miles - about 21 minutes

SFC-092



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Trip to:

3002 W 2nd Ave

Corsicana, TX 75110-2492

253.70 miles / 4 hours 16 minutes

-  **4225 Lake Arthur Dr, Port Arthur, TX 77642-6490**
-  1. Start out going southwest on Lake Arthur Dr toward Royal Meadows St. [Map](#) 0.5 Mi
 -  2. Take the 2nd right onto 9th Ave / Port Arthur Beaumont Hwy. [Map](#) 1.5 Mi
 -  3. Turn left onto FM-365 S. [Map](#) 0.7 Mi
 -  4. Turn right onto US-287 / US-69 / US-96. [Map](#) 0.2 Mi
 -   5. Merge onto US-69 N / US-96 N / US-287 N via the ramp on the left. [Map](#) 12.3 Mi
 -   6. Merge onto US-69 N / US-96 N / US-287 N toward Lake Charles / Lufkin. [Map](#) 6.1 Mi
 -  EXIT 7. Take the exit toward TX-105 / Sour Lake / Conroe. [Map](#) 0.2 Mi
 -  8. Turn slight left onto Eastex Fwy. [Map](#) 0.6 Mi
 -   9. Turn slight left onto TX-105 W. [Map](#) 55.4 Mi
 -   10. Turn right onto TX-105 / TX-321. [Map](#) 4.2 Mi
 -   11. Turn left onto TX-105. [Map](#) 5.5 Mi
 -   12. Turn left to stay on TX-105. [Map](#) 16.6 Mi
 -   13. Turn right onto TX-336-LOOP / E Loop 336 / Cartwright Rd. Continue to follow TX-336-LOOP. [Map](#) 5.0 Mi
 -  14. Turn right onto Ih 45 / I-45 Feeder Rd. [Map](#) 1.0 Mi
 -   15. Merge onto I-45 N via the ramp on the left. [Map](#) 139.2 Mi
 16. Take the exit toward 15th Street. [Map](#) 0.07 Mi

EXIT




17. Turn slight left onto I-45 N. [Map](#)

0.2 Mi



18. Take the 1st left onto S 15th St. [Map](#)

0.1 Mi



19. Turn right to stay on S 15th St. [Map](#)

2.8 Mi



22

20. Turn left onto W 2nd Ave / TX-22. [Map](#)

1.5 Mi



21. Turn slight left onto W 2nd Ave. [Map](#)

0.2 Mi



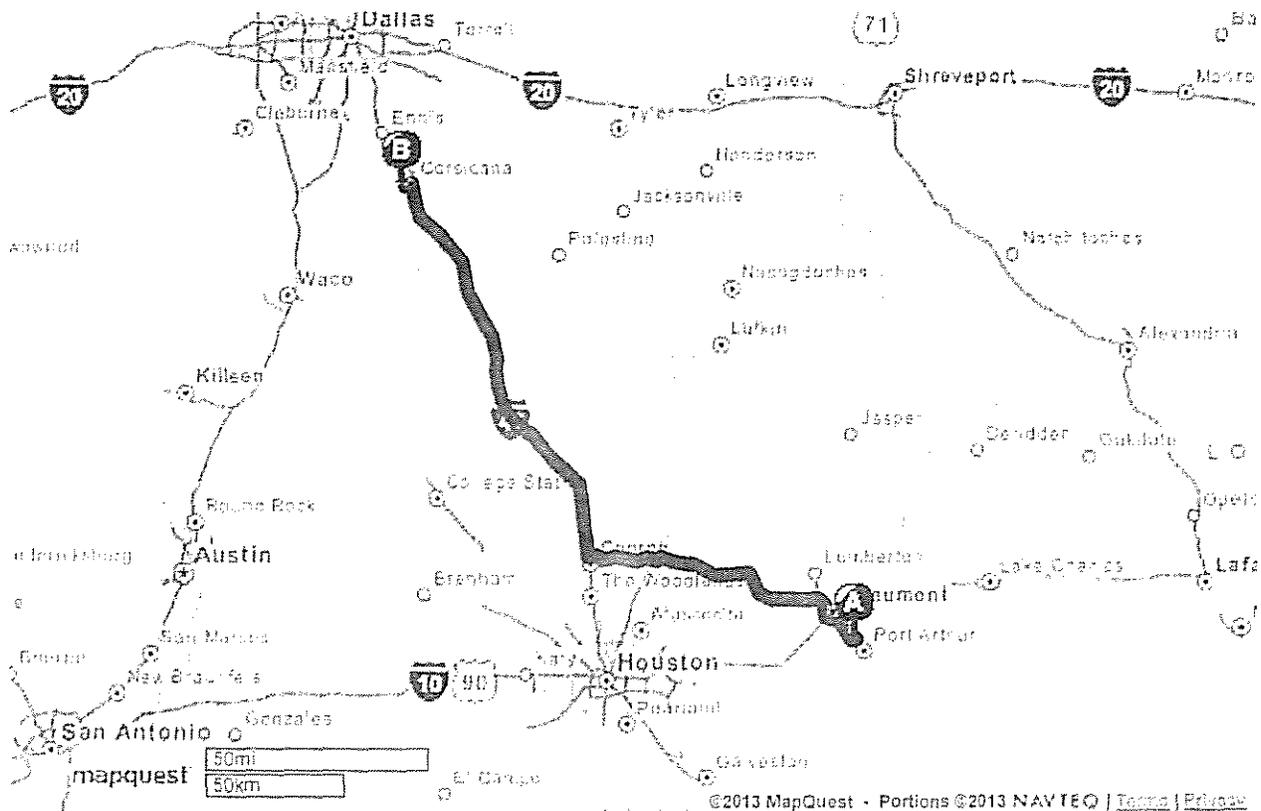
22. 3002 W 2ND AVE is on the right. [Map](#)



3002 W 2nd Ave, Corsicana, TX 75110-2492

Total Travel Estimate: 253.70 miles - about 4 hours 16 minutes

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Trip to:

3300 W 2nd Ave

Corsicana, TX 75110-2412

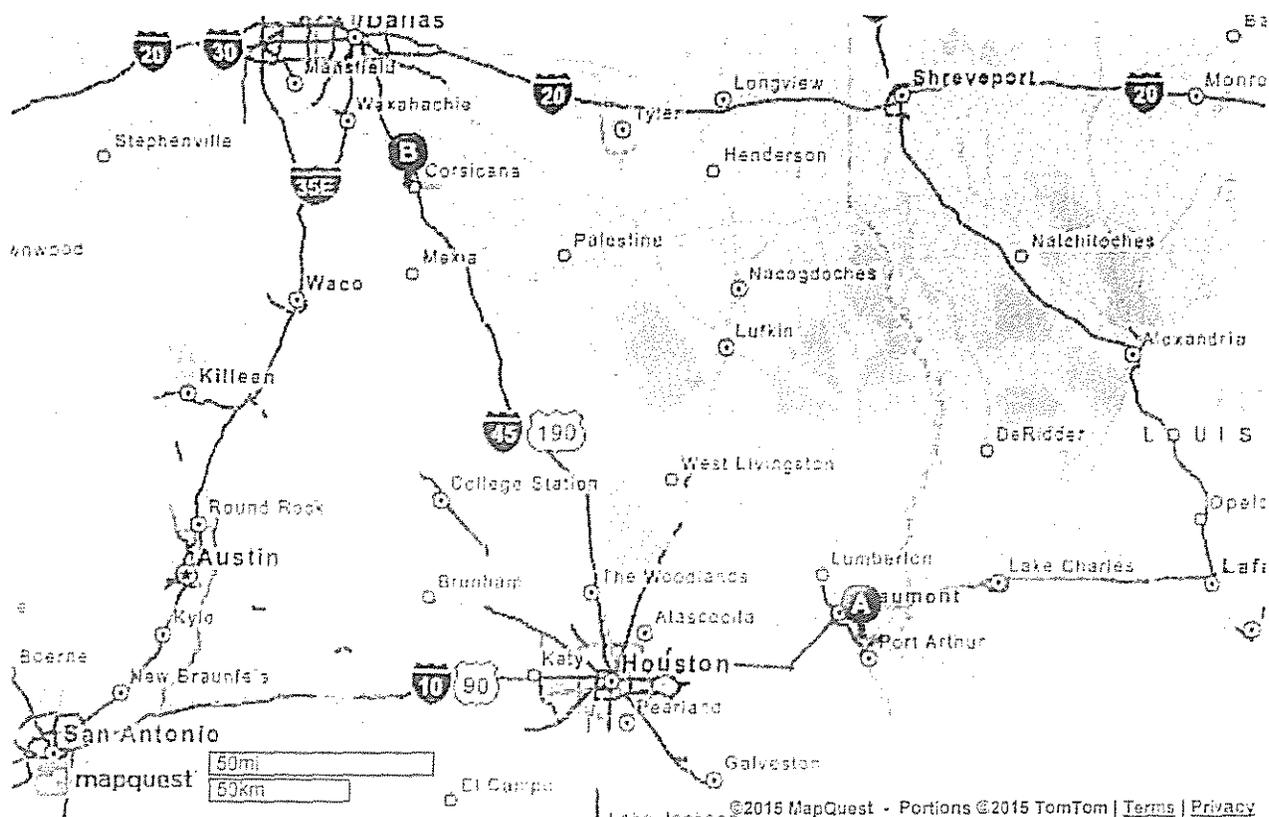
254.15 miles / 4 hours 13 minutes

Notes

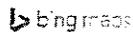
	4225 Lake Arthur Dr, Port Arthur, TX 77642-6490	Download Free App
	1. Start out going southwest on Lake Arthur Dr toward Royal Meadows St. Map	1.3 Mi 1.3 Mi Total
	2. Turn right onto Memorial Blvd. Map	0.03 Mi 1.3 Mi Total
 	3. Merge onto US-69 N / US-96 N / US-287 N via the ramp on the left. Map	13.8 Mi 15.1 Mi Total
 	4. Merge onto I-10 E / US-69 N / US-96 N / US-287 N toward I-10 E / Lake Charles / Lufkin. Map	2.8 Mi 17.9 Mi Total
 	5. Keep right to take US-69 N / US-96 N / US-287 N via EXIT 853A toward Lufkin / Jasper. Map	3.2 Mi 21.1 Mi Total
	6. Take the exit toward TX-105 / Sour Lake / Conroe. Map	0.2 Mi 21.3 Mi Total
	7. Merge onto Eastex Fwy. Map	0.5 Mi 21.8 Mi Total
 	8. Turn slight left onto Highway 105 E / TX-105. Map <i>Highway 105 E is just past Rosedale Dr Subway is on the corner If you are on Eastex Fwy and reach Caswell Rd you've gone about 0.3 miles too far</i>	55.4 Mi 77.2 Mi Total
 	9. Turn right onto Highway 321 / TX-105 / TX-321. Map <i>SUBWAY is on the corner</i>	4.2 Mi 81.4 Mi Total
 	10. Turn left onto TX-105. Map <i>TX-105 is 0.6 miles past County Road 318 If you reach Truman St you've gone about 0.2 miles too far</i>	5.5 Mi 86.9 Mi Total
 	11. Turn left onto TX-105 / W Southline St. Continue to follow TX-105. Map	16.6 Mi 103.5 Mi Total

-   12. Turn right onto N Loop 336 E / TX-336 Loop. [Map](#)
N Loop 336 E is 0.2 miles past Old Highway 105
McDonald's is on the corner
5.0 Mi
108.6 Mi Total
-  13. Take the ramp toward Huntsville. [Map](#)
0.2 Mi
108.7 Mi Total
-  14. Merge onto I 45 Service Rd. [Map](#)
0.8 Mi
109.5 Mi Total
-   15. Merge onto I-45 N via the ramp on the left. [Map](#)
139.3 Mi
248.8 Mi Total
-  16. Take the I-45 Bus exit, EXIT 228B, on the left toward Corsicana. [Map](#)
0.2 Mi
249.0 Mi Total
-   17. Stay straight to go onto S Business 45 / I-45 Bus N. Continue to follow I-45 Bus N. [Map](#)
2.5 Mi
251.4 Mi Total
-  18. Turn left onto E 1st Ave. [Map](#)
E 1st Ave is 0.1 miles past E 3rd Ave
If you reach FM-3041 you've gone about 0.3 miles too far
0.1 Mi
251.5 Mi Total
-  19. Take the 1st left onto N 9th St. [Map](#)
If you reach N Commerce St you've gone a little too far
0.07 Mi
251.6 Mi Total
-  20. Take the 1st right onto E 2nd Ave. [Map](#)
If you reach E 3rd Ave you've gone a little too far
2.5 Mi
254.2 Mi Total
-  21. 3300 W 2ND AVE. [Map](#)
Your destination is just past N 42nd St
If you reach N 43rd St you've gone about 0.1 miles too far
-  3300 W 2nd Ave, Corsicana, TX 75110-2412

Total Travel Estimate: 254.15 miles - about 4 hours 13 minutes



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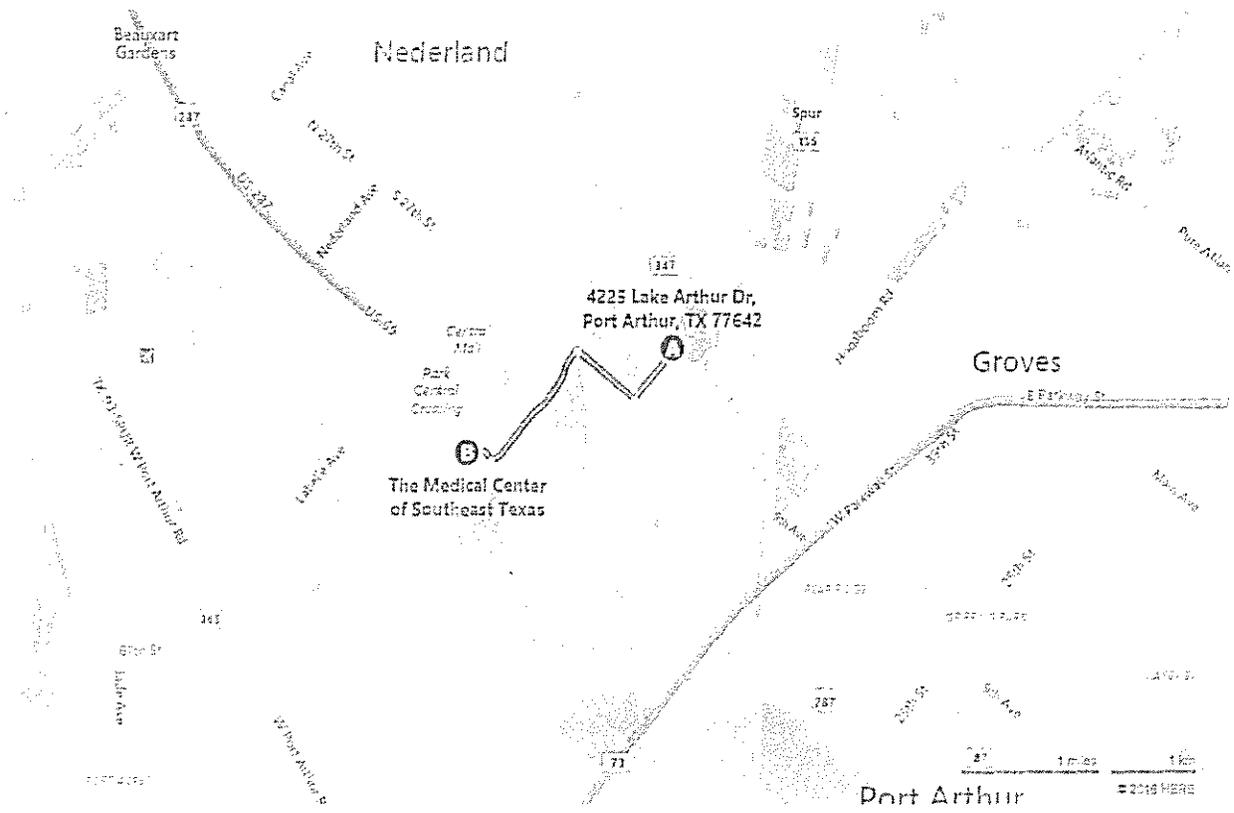
From: 4225 Lake Arthur Dr, Port Arthur, TX 77642
 To: The Medical Center of Southeast Texas, 2555 Jimmy Johnson Blvd, Port Arthur, TX 77640
 Notes:

09 min, 2.3 mi
 Light traffic
 8 min without traffic
 Via Lake Arthur Dr, 75th St

4225 Lake Arthur Dr, Port Arthur, TX 77642

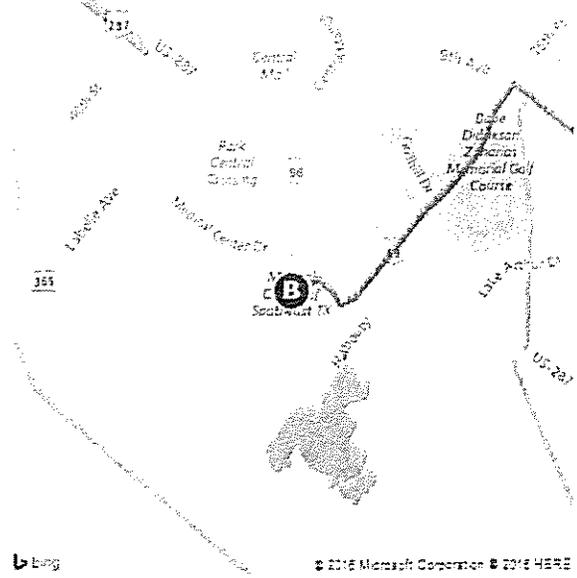
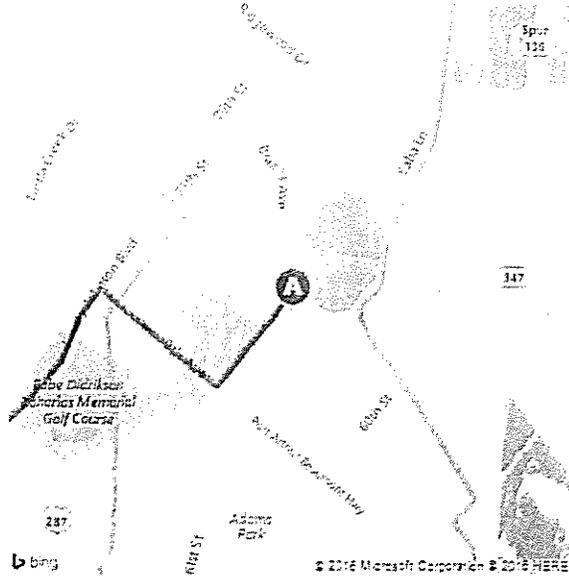
- ↑ 1. Depart **Lake Arthur Dr** toward Royal Meadows St 0.5 mi
- ↘ 2. Turn **right** onto **9th Ave / Port Arthur Beaumont Hwy** 0.6 mi
- ↙ 3. Turn **left** onto **75th St / Jimmy Johnson Blvd** 1.1 mi
- ↘ 4. Turn **right** onto **Medical Center Dr** 0.1 mi
- ↙ 5. Turn **left** onto **road** 0.1 mi
- 6. Arrive on the right
 If you reach Medical Center Dr, you've gone too far

The Medical Center of Southeast Texas
 2555 Jimmy Johnson Blvd, Port Arthur, TX 77640



4225 Lake Arthur Dr, Port Arthur, TX 77642

The Medical Center of Southeast Texas, 2555 Jim...



These directions are subject to the Microsoft® Service Agreement and are for informational purposes only. No guarantee is made regarding their completeness or accuracy. Construction projects, traffic, or other events may cause actual conditions to differ from these results. Map and traffic data © 2016 HERE™.

Mutual Agreement for Evacuation

June 13, 2017

The following is a mutual agreement for short term evacuation for Lake Arthur Place to Summer Place Nursing and Rehabilitation. Summer Place will provide assistance to Lake Arthur Place in the event an evacuation is needed. Summer Place will assist the evacuating facility with transportation needs. Summer Place will provide appropriate space for evacuated residents with the sending facility providing supplies and staff to care for the evacuated residents throughout the event.



Lake Arthur Place Administrator

6/13/2017
Date



Summer Place Nursing & Rehab Admin.

6/13/2017
Date

January 1, 2015

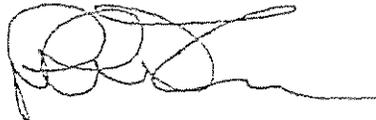
Dear Healthcare Facility

As your distributor of contract, Performance Food Service will provide food, water and supplies as available to your facilities during emergency situations.

A list of emergency numbers has been provided to you in the PFG Emergency Management Plan.

In the event that PFG Temple is not capable of providing service due to an unforeseen catastrophe, the same services will be provided by another PFG operating company in Texas. Dallas, Houston and Victoria are the alternate Texas warehouse locations.

Sincerely,



John Wicker
Sr. VP Sales PFG Texas

SECTION 3

TRANSPORTATION AGREEMENTS

Lake Arthur Place (hereinafter referred to as "Facility"), whose address is 4225 Lake Arthur Drive, Port Arthur, Texas 77642 and Acadian Ambulance Service of Texas, LLC (hereinafter referred to as "Acadian") hereby enter into this agreement effective this 6 day of June, 2017 for purposes of facilitating the scheduled ground transportation* and evacuation of patients meeting medical necessity guidelines, from Facility, due to hurricane, natural disaster, or other act of God (hereinafter an "Event").

This Agreement shall have a primary term of one year from January 1, 2017 through December 31, 2017 and shall renew annually unless either party gives written notice to the other of its intent not to renew at least 30 days prior to the expiration of the term then in effect. In addition, either party may cancel this agreement by giving the other party 30 days written notice of such cancellation which shall cancellation shall become effective on the latter of the noticed date of cancellation or 31 days from the date of mailing same.

Facility agrees and understands that it is Facility's responsibility to request evacuation services under this Agreement which must be made as set forth herein and in the form attached hereto as Exhibit A (fully incorporated herein by reference). Acadian shall have no obligation to facilitate the transport of patients of Facility, who must meet medical necessity guidelines, until the fully completed Evacuation Request Form (Exhibit A) and the designation of a destination facility acceptable to the transporting agency are received by Acadian from Facility and such receipt has been confirmed. It is the sole responsibility of Facility to designate such a destination facility/ shelter and to confirm that such shelter/ facility is in agreement to accept Facility's patients. The designated shelter must be within a reasonable distance or 200 miles unless specifically accepted in writing by an authorized Acadian representative. Furthermore, should the shelter so designated by Facility stop accepting residents or if any designated destination is at a distance which would hinder Acadian's ability to facilitate the evacuation of other facilities, it shall be the responsibility of Facility to secure an alternate destination for transportation of patients satisfactory to Acadian. Facility understands and agrees that Acadian has limited resources. Therefore, Acadian agrees to use good faith efforts to accommodate any request with either internal resources or in coordination with state, federal and/or mutual aid assets when request for transport is made, as required herein, at a minimum of 48 hours prior to wind speeds reaching 40 mph. Thereafter, transportation shall be performed on an as available basis without any guaranty of performance. Furthermore, if mutual aid resources are not available for the request and Acadian resources are not available, Acadian may give notice of the request to the local EOC command with jurisdiction over the Event and Acadian shall notify Facility of same at which time Acadian's obligations hereunder shall be deemed fulfilled.

If, under any circumstance, Facility is not prepared to evacuate upon arrival by Acadian or coordinated resources, Acadian's obligation hereunder shall terminate. The schedule of evacuations shall be at the sole determination of Acadian and its mutual aid partners based on availability of resources and proximity of Facility to the threatened area. At the conclusion of the event and upon request of Facility and acceptance by Acadian, Acadian or coordinated resources shall at a mutually agreed upon time, return residents and inpatients from the designated shelter back to Facility.

Facility also understands and agrees should conditions in the area in which facility is located deteriorate so that labor and resources, if not immediately removed, would be put in harm's way, Acadian and its coordinated providers have the right to cease all transports under this agreement and resume when conditions allow. The decision to cease such operations shall be determined in good faith by the provider rendering services and Acadian shall not have any liability, obligation or otherwise to Facility or residents for non-performance under these circumstances. However, Acadian shall inform facility as soon as practicable of the removal of resources under this paragraph when known.

Compensation: Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients from the Facility during the evacuation and post event. 8FC-105

Facility agrees that it shall pay all sums owed to Acadian within 30 days of presentation of an invoice by Acadian for services performed at the address set forth below. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, Acadian may mail to Facility a Past Due Notice consisting of the invoice number(s) and amount(s) due on said invoice(s). Failure of Facility to pay the past due invoice(s) in full within thirty (30) days of Acadian's mailing of the Past Due Notice shall obligate Facility to pay finance charges of 12% per annum, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s). All invoices not paid in full within 91 days from date of invoice will be considered delinquent. Once an invoice becomes delinquent, Facility shall no longer be entitled to the discount to which it would otherwise be entitled under the terms of this contract. Except for invoiced payments that Facility has successfully disputed, all delinquent invoices shall bear interest at the lesser of the rate of 3% per month or the highest rate permissible under applicable law, calculated daily and compounded monthly. Facility shall also reimburse Facility for all reasonable costs incurred in collecting any delinquent invoices, including, without limitation, attorneys' fees, court costs and all other amounts to which it is legally entitled. In addition to all other remedies available under this Agreement or at law (which Acadian does not waive by the exercise of any rights hereunder), Acadian shall have the option to either terminate this Agreement or suspend the provision of any Services if Facility fails to pay any amounts when due hereunder and such failure continues for 30 days following written notice thereof.

Third Party Vendors.

It shall be the Facility's responsibility to bill any local, state or federal agency, including FEMA, for reimbursement of amounts expended for evacuation and return services. Acadian shall not be limited or restricted by the reimbursement schedule of any state or federal agency making payment or being called upon to make payment or reimbursement to Facility, in its collection of amounts owed hereunder.

Third Party Billing. Acadian agrees to attempt to bill any 3rd party sources available, such as Medicare, Medicaid, and/or commercial insurance when available for ground ambulance transports in which the patient's destination is for a higher level of care than the originating facility and the facility agrees to accept the patient. However, to the extent 3rd party benefits are not available whether due to denial or otherwise, for any patient transported pursuant to this provision of the agreement, Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients of Facility at the rates set forth herein. Facility agrees that it shall pay all sums owed to Acadian Ambulance within 30 days of presentation of an invoice by Acadian Ambulance for services performed at the address set forth herein. Acadian's invoice shall act as the notification of denial by third party without the need for third party correspondence.

Acadian shall not be responsible for any breach of this Agreement resulting from failure in communication systems not caused by the gross negligence of Acadian.

This Agreement is for the benefit of the named parties only, there being no third party beneficiaries with rights ^{under same} ~~under same~~.

This Agreement shall be governed in accordance with the laws of the State of Texas. Any disputes arising in connection with this Agreement shall be venued in Travis County, Texas.

This Agreement supersedes all previous Evacuation Agreements between Acadian and Facility and constitutes the entire agreement between the parties relating to the matters covered by this Agreement. No oral statements or prior written materials not specifically incorporated herein shall be in force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment, as provided herein, such amendment(s) to become effective on the date stipulated in such amendment(s). This Agreement may not be amended or modified except by a writing executed by all parties hereto.

Nondiscrimination. Acadian shall not discriminate against any patient because of race, physical handicap, color, religion, sex or national origin. Acadian shall not be required to provide medical care if a patient refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to provide medical services. Acadian agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

Notices: All notices required to be given herein or payments made (if applicable) shall be made as follows:
Request for service, in the form attached hereto as Exhibit A With a follow-up phone call to confirm receipt.

Notice & Payment:

If to Acadian:

Acadian Ambulance Service of Texas, LLC
PO Box 98000
Lafayette, LA 70509-8000

If to Facility:

Click here to enter text.
Lake Arthur Place
4225 Lake Arthur Drive
Port Arthur, Texas 77642

* Air services may be available upon request, but are not a covered service under this Agreement.

EXECUTED AND AGREED UPON THIS 6th DAY OF June, 2017

Acadian Ambulance Service of Texas, LLC

BY: Michael A. Burney
Name: Michael A. Burney
Title: Regional VP
Date: 6/12/17

Click here to enter text.
Lake Arthur Place

BY: [Signature]
Name: [Signature]
Title: [Signature]
Date: 6/12/2017

Emergency Evacuation Request and Guarantee of Payment

Lake Arthur Place Nursing and Rehabilitation (hereinafter referred to as "Facility"), whose address is 4225 Lake Arthur Drive, Port Arthur, TX 77642 and Acadian Ambulance Service of Texas, LLC (hereinafter referred to as "Acadian") hereby enter into this agreement effective this ____ day of _____, 20__ for purposes of facilitating the scheduled ground transportation* and evacuation of patients meeting medical necessity guidelines, from Facility, due to hurricane, natural disaster, or other act of God (hereinafter an "Event").

This Agreement shall have a primary term of one year from January 1, 2015 through December 31, 2015 and shall renew annually unless either party gives written notice to the other of its intent not to renew at least 30 days prior to the expiration of the term then in effect. In addition, either party may cancel this agreement by giving the other party 90 days written notice of such cancellation which shall cancellation shall become effective on the latter of the noticed date of cancellation or 91 days from the date of mailing same.

Facility agrees and understands that it is Facility's responsibility to request evacuation services under this Agreement which must be made as set forth herein and in the form attached hereto as Exhibit A (fully incorporated herein by reference). Acadian shall have no obligation to facilitate the transport of patients of Facility, who must meet medical necessity guidelines, until the fully completed Evacuation Request Form (Exhibit A) and the designation of a destination facility acceptable to the transporting agency are received by Acadian from Facility and such receipt has been confirmed. It is the sole responsibility of Facility to designate such a destination facility/ shelter and to confirm that such shelter/ facility is in agreement to accept Facility's patients. The designated shelter must be within a reasonable distance or 200 miles unless specifically accepted in writing by an authorized Acadian representative. Furthermore, should the shelter so designated by Facility stop accepting residents or if any designated destination is at a distance which would hinder Acadian's ability to facilitate the evacuation of other facilities, it shall be the responsibility of Facility to secure an alternate destination for transportation of patients satisfactory to Acadian. Facility understands and agrees that Acadian has limited resources. Therefore, Acadian agrees to use good faith efforts to accommodate any request with either internal resources or in coordination with state, federal and/or mutual aid assets when request for transport is made, as required herein, at a minimum of 48 hours prior to wind speeds reaching 40 mph. Thereafter, transportation shall be performed on an as available basis without any guaranty of performance. Furthermore, if mutual aid resources are not available for the request and Acadian resources are not available, Acadian may give notice of the request to the local EOC command with jurisdiction over the Event and Acadian shall notify Facility of same at which time Acadian's obligations hereunder shall be deemed fulfilled.

If, under any circumstance, Facility is not prepared to evacuate upon arrival by Acadian or coordinated resources, Acadian's obligation hereunder shall terminate. The schedule of evacuations shall be at the sole determination of Acadian and its mutual aid partners based on availability of resources and proximity of Facility to the threatened area. At the conclusion of the event and upon request of Facility and acceptance by Acadian, Acadian or coordinated resources shall at a mutually agreed upon time, return residents and inpatients from the designated shelter back to Facility.

Facility also understands and agrees should conditions in the area in which facility is located deteriorate so that labor and resources, if not immediately removed, would be put in harm's way, Acadian and its coordinated providers have the right to cease all transports under this agreement and resume when conditions allow. The decision to cease such operations shall be determined in good faith by the provider rendering services and Acadian shall not have any liability, obligation or otherwise to Facility or residents for

non-performance under these circumstances. However, Acadian shall inform facility as soon as practicable of the removal of resources under this paragraph when known.

Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients from the Facility during the evacuation and post event.

Facility agrees that it shall pay all sums owed to Acadian Ambulance within 30 days of presentation of an invoice by Acadian Ambulance for services performed at the address set forth below. It shall be the facilities responsibility to bill any local, state or federal agency, including FEMA, for reimbursement of amounts expended for evacuation and return services. Acadian shall not be limited or restricted by the reimbursement schedule of any state or federal agency making payment or being called upon to make payment or reimbursement to Facility, in its collection of amounts owed hereunder.

Third Party Vendors. Facility understands that Transport may be provided by third party vendor and Facility may be billed in accordance with services provided by third party vendor at the third party vendor's rates in effect at the time service is provided.

Third Party Billing. Acadian agrees to attempt to bill any 3rd party sources available, such as Medicare, Medicaid, and/or commercial insurance when available for transports in which the patient 's destination is for a higher level of care than the originating facility and the facility agrees to accept the patient. However, to the extent 3rd party benefits are not available whether due to denial or otherwise, for any patient transported pursuant to this provision of the agreement, Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients of Facility at the rates set forth herein. Facility agrees that it shall pay all sums owed to Acadian Ambulance within 30 days of presentation of an invoice by Acadian Ambulance for services performed at the address set forth herein. Acadian's invoice shall act as the notification of denial by third party without the need for third party correspondence.

Acadian shall not be responsible for any breach of this Agreement resulting from failure in communication systems not caused by the gross negligence of Acadian.

This Agreement is for the benefit of the named parties only, there being no third party beneficiaries with rights under same.

This Agreement shall be governed in accordance with the laws of the State of Texas. Any disputes arising in connection with this Agreement shall be venued in Travis County, Texas.

This Agreement supersedes all previous Evacuation Agreements between Acadian and Facility and constitutes the entire agreement between the parties relating to the matters covered by this Agreement. No oral statements or prior written materials not specifically incorporated herein shall be in force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment, as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). This Agreement may not be amended or modified except by a writing executed by all parties hereto.



All notices required to be given herein or payments made (if applicable) shall be made as follows:

Request for service, in the form attached hereto as Exhibit A With a follow-up phone call to confirm receipt.

Notice & Payment:

If to:

If to:

Acadian Ambulance Service of Texas, LLC
PO Box 98000
Lafayette, LA 70509-8000

Lake Arthur Place Nursing and Rehabilitation
4225 Lake Arthur Drive
Lake Arthur, TX 77642

* Air services may be available upon request, but are not a covered service under this Agreement.

EXECUTED AND AGREED UPON THIS _____ DAY OF _____, 20__

Acadian Ambulance Service of Texas, LLC

Lake Arthur Place Nursing and Rehabilitation

BY: _____

By: _____

Name: _____

Name: _____

Title: Regional Vice President

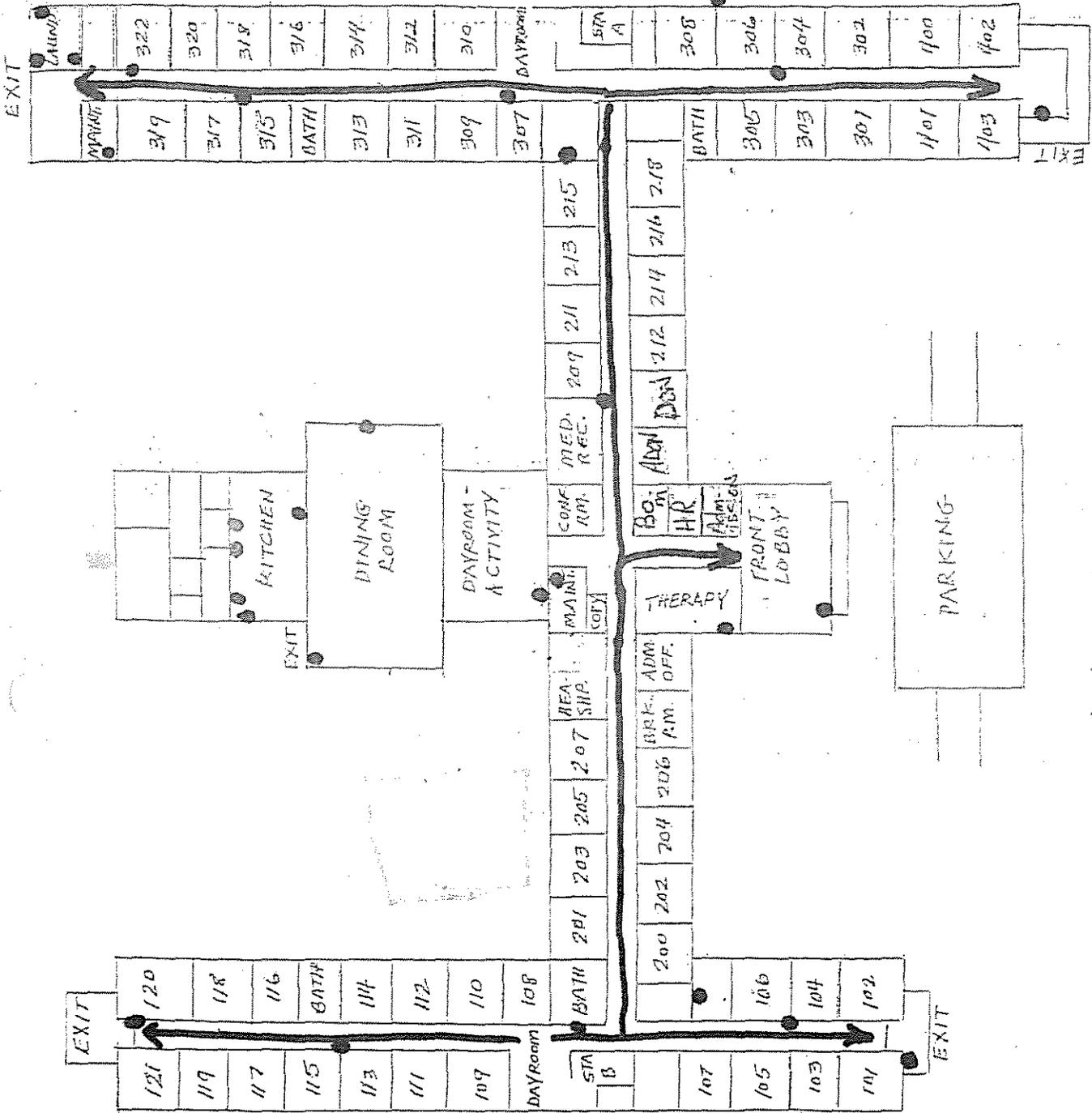
Title: _____

Date: _____

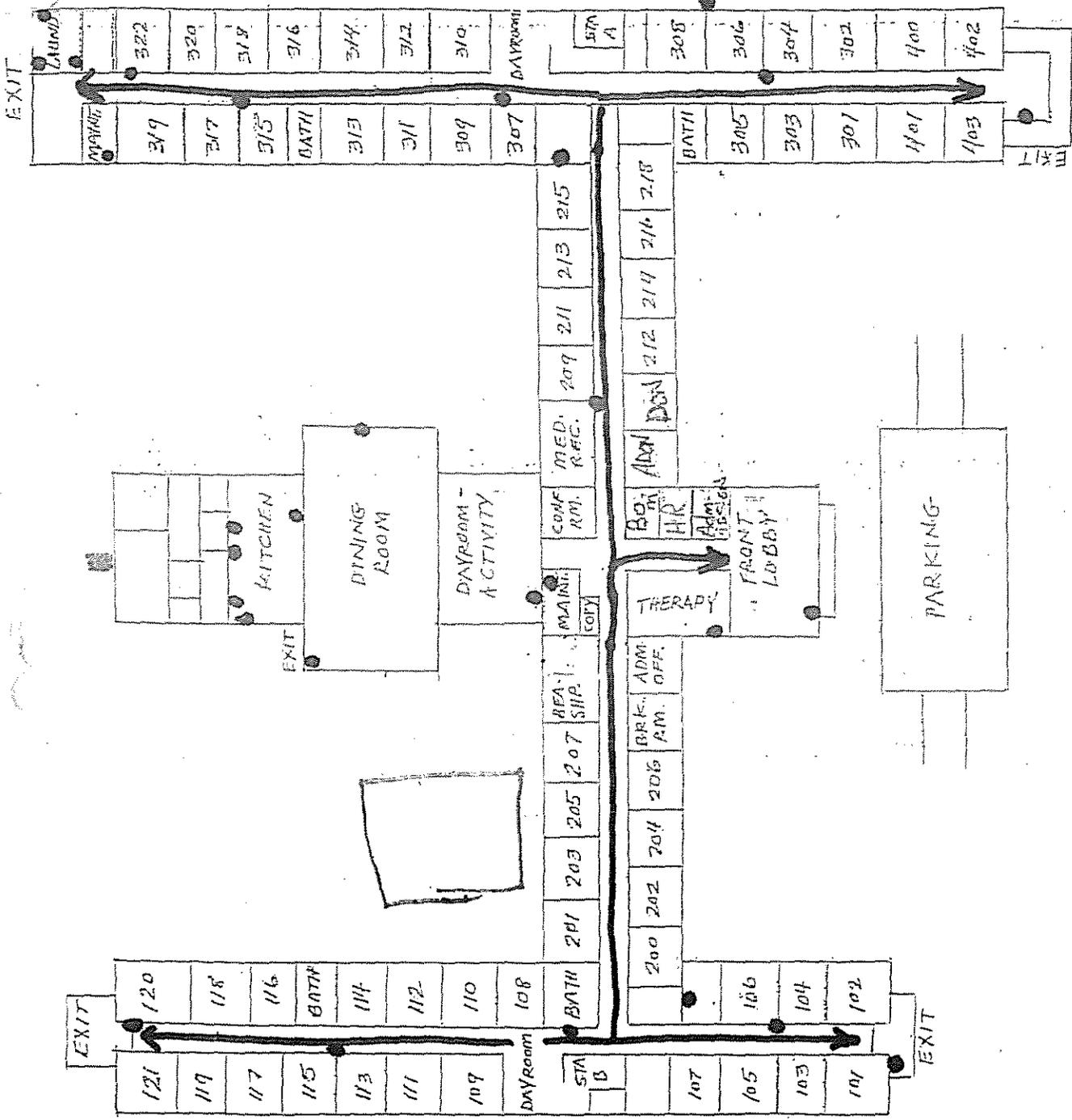
Date: _____

SECTION 4

FACILITY FLOOR PLAN



LAKE ARTHUR
PLACE



LAKE ARTHUR PLACE

20

SECTION 5

SMOKING POLICIES

Smoking Regulation

(Revised 8-8-2013)

Senior Care Centers strives to maintain a safe environment for all of their residents and at the same time respect the resident's rights, dignity, and right to self-determination. Therefore, smoking regulations are necessary to ensure that this is implemented and achieved in each facility operated by SCC.

Facility conducts and documents an assessment upon admission of residents who smoke tobacco cigarettes and updates the assessment upon changes in resident's abilities. Quarterly assessments are conducted during care plan meetings and documented in the care plan. The resident's capabilities and deficits as assessed to determine supervision required and to notify staff so they will know the correct procedure for each resident. Residents are assessed regarding their cognitive ability, judgment, manual dexterity and mobility by nursing staff. Oxygen is prohibited in designated smoking areas for facilities that allow smoking. Smoking areas are provided with forced exhaust to the exterior and ashtrays made of non-combustible material and safe design and a self-closing metal container that is readily available to empty ashtrays. All residents and their legal representatives are notified in writing of facility smoking policies upon admission.

Electronic Cigarette Policy

One of Senior Care Centers' company values is Wellness for our residents. Recognizing that many residents who once smoked tobacco cigarettes are now using electronic cigarettes to stop using harmful tobacco products, Senior Care Centers allows residents to use electronic cigarettes in facilities that allow smoking. Residents who wish to use electronic cigarettes must first disclose this desire to management. Residents who use the e-cigarettes will be closely monitored to assure they do not substitute the e-cigarette with tobacco cigarettes. If a resident substitutes an electronic cigarette with a tobacco product they will then be prohibited from using the electronic cigarettes. The facility conducts and documents an assessment upon admission of residents who use electronic cigarettes and updates the assessment upon changes in resident's abilities. Quarterly assessments are conducted during care plan meetings and documented in the care plan to determine if the resident requires supervision while using electronic cigarettes. The resident's capabilities and deficits as assessed to determine if supervision is required and to notify staff so they will know the correct procedure for each resident. Residents are assessed regarding their cognitive ability, judgment, manual dexterity and mobility by nursing staff.

Senior Care Centers adheres to the CMS S&C Letter 12-04-NH Interpretive Guidelines, for policy reference go to web address http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/SurveyCertificationGenInfo/downloads/SCLetter12_04.pdf and does not consider the electronic cigarettes a smoking device and agrees that the heating element does not pose the same dangers of ignition as regular cigarettes. As a safety precaution, under no circumstances will residents be allowed to use electronic cigarettes during the administration of oxygen.

Smoking Options

The following list of smoking policy options is in the admission packet and is completed at the time of every resident admission. The item checked for each facility indicates the adopted smoking regulation for that facility and the form is acknowledged by signature of the resident and the legal representative.

_____ This facility is a non-smoking facility and campus where tobacco cigarettes and _____ electronic cigarettes are not allowed in the building or on the premises.

_____ This facility is a non-smoking facility and campus where tobacco cigarettes are not allowed in the building or on the premises.

_____ This facility is a non-smoking facility where smoking is not allowed in the building. Residents who smoke will be allowed to smoke at a designated place outside of the building. Smoking tobacco, matches, lighters, or other smoking paraphernalia are not permitted to be kept or stored in a resident's room or in their possession without supervision. Smoking by residents is permitted only in designated areas when supervised by staff of the facility. The resident must be within direct view of the person designated to supervisor smoking or in a reasonably close proximity of the supervisor. The supervisor must be able to quickly respond in the event of an emergency. Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen are used or stored. Cigarette butts must be properly discarded in appropriate containers within the designated smoking areas. Smoking is not allowed in the residents' rooms under any circumstances.

_____ This facility has an area designated as the only area of the facility where smoking is permitted. Residents who wish to smoke will be located in rooms in this area of the building. Smoking tobacco, matches, lighters, or other smoking paraphernalia are not permitted to be kept or stored in a resident's room or in their possession without supervision. Smoking by residents is permitted only in designated smoking areas when supervised by staff of the facility. The resident must be within direct view of the person designated to supervise smoking or in a reasonably close proximity of the supervisor. The supervisor must be able to quickly respond in the event of an emergency. Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen are used or stored. Cigarette butts must be properly discarded in appropriate containers, within the designated smoking areas. Smoking is not allowed in the residents rooms under any circumstances.

_____ This facility has an area designated as the only area of the facility where smoking is permitted. Residents who are incapable of understanding safety requirements, who wish to smoke, will be located in rooms in this area of the building. Smoking tobacco, matches, lighters, or other smoking paraphernalia are not permitted to be kept or stored in a resident's room or in their possession without supervision. Smoking by residents is permitted only in designated smoking areas when supervised by staff of the facility. The resident must be within direct view of the person designated smoking supervisor or in the reasonable close

proximity of the supervisor. The supervisor must be able to quickly respond in the event of an emergency. Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen are used or stored. Cigarette butts must be properly discarded in appropriate containers within the designated smoking areas. Smoking is not allowed in the resident's rooms under any circumstances.

In addition, residents capable of understanding safety requirements will smoke in designated smoke areas. Smoking tobacco, matches, lighters or other smoking paraphernalia must not be kept or stored in the resident's room or in their possession without supervision so that it is out of the sight of other residents and so other residents cannot have access without supervision. Cigarette butts must be properly discarded in appropriate containers within the designated smoking areas. Smoking tobacco cigarettes is not allowed in the resident's room under any circumstances. All residents using tobacco cigarettes are required to be supervised during smoking.

Residents who do not comply with the designated smoking regulations will be prohibited from smoking due to the danger they present to themselves and to other residents by increasing the risk of injury by fire.

SECTION 6

OXYGEN ADMINISTRATION STORAGE AND HANDLING

Oxygen – Hazards

Oxygen is prohibited in smoking areas due to the hazards associated with an oxygen enriched environment that facilitates ignition and combustion of any material. Oxygen can saturate clothing, hair and bedding increasing the potential of a fire if there are sparks present from matches, lighters, cigarettes, or electrical equipment.

All staff members are notified of the smoking policy at the time of hire. The facility is a non-smoking campus for all staff. All visitors are informed of the non-smoking status of the campus with signs posted on property or at entrances. Residents and their families and/or legal representatives are notified in writing of the facility smoking regulations at the time of admission.

Compressed oxygen storage and handling:

To ensure the safe, sanitary use and storage of oxygen in the facility, the following rules will be followed:

- (1) "Oxygen in Use-No Smoking" signs will be posted at doors leading to rooms where oxygen is in use. Smoking is prohibited in any room, ward, or compartment where oxygen is used.
- (2) All oxygen tanks will be secured firmly at all times. These tanks will be individually secured.
- (3) Oxygen tanks will not be used as hat trees or clothes racks.
- (4) Oxygen tanks will be protected from the elements and oxygen storage rooms will have self-closing devices attached to the door.
- (5) Valve systems that are in need of repair will be repaired by a qualified service technician.
- (6) Oil and grease will not be used on oxygen equipment to prevent combustion.
- (7) Open cylinder valve slightly prior to attaching regulator, then close again. This will blow dust and other particles out of the cylinder before opening.
- (8) Keep regulator inlet filter clean and intact to prevent lint accumulation on the valve seat. Replace as required.
- (9) Keep soap away from high pressure connection—it is flammable.
- (10) Do not use regulators and equipment that have been used with other gases as flammable residues may remain in these regulators.
- (11) Oxygen concentrators will be checked periodically to ascertain that they are in proper working order. Water in the canisters will be changed in accordance with the nursing policy.

Liquid oxygen storage and handling:

To ensure the safe, sanitary use and storage of liquid oxygen in the facility, the following rules will be adhered to:

- (1) "Oxygen in Use-No Smoking" signs will be posted at doors leading to rooms where liquid oxygen is in use. "Oxygen Transfilling in Process" signs will be posted when transfilling is taking place. Smoking is prohibited in any room, ward, or compartment where liquid oxygen is used.
- (2) Portable resident use liquid oxygen systems come in large or small units. The large portable units shall be maintained in an upright position and the smaller units shall be maintained upright, flat on its' back or any position in between at all times. Each unit will be individually secured at all times. The base unit should not be covered with anything at any time.
- (3) Rooms in which liquid oxygen systems are used or stored will be well-ventilated to provide continuous fresh air exchange. Liquid oxygen will not be used or stored in confined spaces such as unventilated closets.
- (4) Liquid oxygen systems that are being stored, filled, or used shall be kept away from the immediate vicinity of any heat sources or flammable materials (i.e., furnaces, stoves, space heaters, open flames, oils or grease) and at least 5 feet away from electrical appliances.
- (5) Aerosol sprays containing combustibles should never be used near liquid oxygen systems and an attempt to lubricate the oxygen equipment should never be done.
- (6) Portable liquid oxygen units will not be placed under clothing and never be used as hat trees or clothes racks.
- (7) Petroleum jelly, grease oil, or tape (other than polytetrafluoroethylene (PTFE) tape) cannot be used on the filling connections of liquid oxygen equipment. These connections should be checked for the presence of contaminants before any transfilling operation. It is a good practice to clean the uncontaminated connections with a clean, dry, lint free cloth before transfilling the liquid oxygen system.
- (8) Any repair of any part of the liquid oxygen system, including the filling connection or the pressure relief valves should never be attempted. The equipment supplier should be contacted.
- (9) Residents are not allowed at all to transfill portable liquid oxygen units.
- (10) If a unit is found to be leaking, contact with the liquid oxygen must be avoided and the area must be ventilated. The charge nurse must be informed of the incident.
- (11) Instructions on transfilling and other safety information will be available in the facility. All staff responsible for handling and maintaining liquid oxygen will receive instructions on potential hazards and recommended safety precautions.
- (12) Transferring of portable liquid oxygen from large to small containers will be done by trained facility staff members inside the liquid oxygen

storage room where the base units are stored. The facility staff member shall transfer from the base unit with the door closed during the transferring process. Transferring procedures will require facility staff personnel to use proper safety equipment during hookup, filling, disconnection and shutdown of the system. Protective equipment includes the use of safety goggles, glasses or face shield, an apron and insulated loose fitting gloves. In addition a cotton cloth will be available to use in wiping the connector prior to transferring to assure proper filling.

- (13) Filling of base unit oxygen containers will not be performed at the facility or on premise by facility staff. The liquid oxygen supplier will exchange base units on-site when re-supply is needed.

SECTION 7

EMERGENCY PREPAREDNESS

CONCEPT OF OPERATIONS

**EMERGENCY MANAGEMENT
RESOURCES**

**EMERGENCY MANAGEMENT
PROCEDURES**

**QUICK PLAN OVERVIEW OF
COMMON DISASTER**

EMERGENCY PREPAREDNESS

EMERGENCY PREPAREDNESS PLAN MISSION STATEMENT

Lake Arthur Place is committed to ensuring that the well-being and safety of all of our residents and staff is our uppermost concern and of the highest priority. We are committed to a continued high level of service to our residents during any and all emergencies. Our mission is to treat all residents of the facility with dignity and respect at all times under all circumstances. We will commit whatever resources are necessary and be prepared at all times to react accordingly as outlined in our emergency preparedness plan during any man-made or natural disaster. This plan is applicable in all emergency situations affecting the residents and staff.

FACILITY INFORMATION

Lake Arthur Place is operated by Senior Care Centers whose corporate office is located at 600 N. Pearl St., Suite 1100, Dallas, Texas 75201 in Dallas County. The corporate office telephone # is 214-252-7600.

Lake Arthur Place is located at 4225 Lake Arthur Drive in Jefferson County. This healthcare facility is a 128-bed licensed/certified Medicare/ Medicaid skilled nursing facility that provides 24-hour skilled nursing care to its community and the surrounding area. This facility is licensed by the Texas Department of Aging and Disability Services and certified by the Centers for Medicare & Medicaid Services. The licensed administrator of this facility is designated as and responsible for implementation of this emergency management plan. The facility telephone # is 409-727-3193.

RISK AND HAZARD ANALYSIS – Attached (in Eight Core Functions)

DESCRIPTION OF POPULATION (in Eight Core Functions)

The residents who reside at Lake Arthur Place are primarily elderly and/or disabled in the age range from 50 to 90+ years of age. They have medical needs for rehabilitation and/or nursing care. Services are also provided to individuals over the age of 22 occasionally. Lake Arthur Place does not provide pediatric services due to the following; the need pediatric residents have that would require extensive staff training on pediatric care issues, the need for additional specialized pediatric equipment, the need for additional staffing to meet chronic pediatric residents needs and would require access to a full-time physician that specializes in pediatrics.

AUTHORITY

This plan was developed in accordance with Health and Safety Code 242, 40 TAC Chapter 19.1914 and in accordance with the facility's existing policies and procedures, local, state and federal mandates and standard operating procedures. The administrator shall be responsible to assure that all personnel are aware of the plan and have on-going training to be able to execute the plan in relation to an actual disaster or impending disaster. The administrator shall have the power to delegate the authority of implementing the plan, or any part therein, to other responsible and competent individuals in the absence of the administrator.

ORIENTATION AND TRAINING

All personnel undergo an orientation program including Emergency Preparedness training within ten working days of employment, annually and when staff responsibilities change. Records are maintained to verify completion.

PURPOSE

In every disaster your level of vulnerability is directly related to your level of preparedness.

Lake Arthur Place is not able to control all conditions. However, the facility has prepared this plan to be prepared to address and provide comprehensive information on how disasters directly impact residents and staff and guidance to be able to ensure immediate action on behalf of those affected.

The purpose of this plan is to:

1. provide a course of action with general guidelines for mitigation of and response to natural, technological and manmade hazards that endanger the residents and staff of the facility.
2. describe how the facility mitigates, prepares for, responds to and recovers from the effects of an emergency or disaster. It also addresses services and resources that can be, may be or cannot be provided in certain situations.
3. This plan outlines methods for assisting the residents and staff of the facility to mitigate and deal with the effects of disasters.

POTENTIAL IMPACT

The city/county/state has experienced a variety of emergencies and disasters. This facility has the potential to be vulnerable to such emergencies and disasters such as tornadoes, flooding, fires, earthquakes, hazardous materials incidents from transportation accidents, and power outages during severe cold and ice or hot weather. In these situations residents and staff of are at risk from hazards

that have the potential for causing extensive loss of life, damage to property and the environment. Additionally, some disasters increase the likelihood of and potential for a number of health and medical issues.

The facility will implement appropriate and prudent facility plans and procedures when threatened by potential or actual disasters.

During emergencies, residents may experience numerous health problems. Many of these problems are attributable to pre-existing medical conditions complicated by the emergency. Other problems arise as a direct result of the event. In the event of death during an emergency please see **Section 19** for procedures.

The increased number of residents (and staff) needing medical help may burden the health and medical infrastructure. This increase in demand may require city, county and/or state-level assistance.

A catastrophic event may cause such widespread damage that the existing internal response capability is curtailed or destroyed.

Lack of potable water will increase health and sanitation problems. Disease outbreaks can spread quickly, especially among the medically fragile and other at-risk populations. See **Section 2** for potable water supply agreement for details and procedures.

Proper sanitation may become a major problem if water supplies are gone or contaminated. Water treatment and wastewater treatment facilities may be hampered by any reduced water flow. Water systems may have become contaminated with bacteria and sewage systems may not function properly.

Some disasters may affect electrical generation and distribution systems causing a reduction or loss of power. This may reduce or disable our facility's ability to provide emergency life-saving services to our residents.

During some emergencies, it may be necessary to evacuate residents and staff from the affected area. Adequate medical mass transportation and/or shelter may not be available. Refer to Transportation **Section 3** for details.

DIRECTION AND CONTROL - (in Eight Core Functions)

Lake Arthur Place utilizes a centralized system of Direction and Control. Information is gathered from a number of sources including personal observation, the National Weather Service, the news media, the Emergency Alert System (EAS), the city/county/state Emergency Management Coordinators (see **Section 1**) and corporate office. In emergency situations staff will monitor conditions through television, radio and weather radios.

Alert and notification to facility staff is accomplished verbally and by telephone using a current alert and notification roster. Alert and notification to all residents and their families will also be accomplished verbally and by telephone. An updated current resident roster is maintained in American Health Tech and current staff roster is available in ADP. Both systems are maintained on Senior Care Centers' servers which have back up power. If the facility's primary utility power and back-up generator power sources fail, rosters will be provided from corporate office in Dallas and sent to the facility utilizing Blackberry communication or delivered from off-site sister facilities.

Specific procedures for various disaster response and recovery scenarios are located in the facility procedures sections.

CONCEPT OF OPERATIONS

The concept of operations outlined in this plan presumes the possibility of a severe, prolonged emergency is occurring and is imminent. Implementation of the plan and procedures will begin as soon as practical after the event is predicted or occurs. Mitigation efforts will be practiced on a year-round basis with emphasis on awareness and local preparedness. Staff involvement in planning, training and exercising is essential.

Staff **efforts** in awareness, alerts and notification, preventative measures and local responses are critical aspects of the overall strategy. Efforts will be made to foster individual involvement and to promote the idea of “**neighbors helping neighbors**” within the facility. Effective facility-wide participation by administration, health and medical professionals, other staff, volunteers, family members, outside health and medical providers and city/county emergency management must be cultivated and sustained to ensure maximum resources for the protection of the residents and staff.

Mitigation and response actions will vary according to the specific conditions. Generally, these actions will follow a phase-in process based on the type of emergency. Four recommended readiness levels may be implemented as follows.

READINESS LEVELS

Level 4 – Normal conditions. During normal conditions, primary emphasis will focus on awareness and readiness (planning information, training and exercising). The administration will provide emergency education and information to the staff. In addition, staff should complete training that is relevant to applicable response activities. The facility will conduct at least one annual exercise that includes testing disaster response.

Level 3 – Increased Readiness. When a disaster is foreseen, such as severe weather, activities will focus on warning people who will be potentially endangered. The facility will encourage staff to emphasize “**neighbor helping neighbor**” efforts. Appropriate mitigation and preparedness actions should be initiated during this level.

Level 2 – High Readiness. When an emergency is imminent, all applicable protective action plans and procedures should be activated. This includes implementing alert and notification procedures throughout the facility. A network should be in place for reporting on-going events and assessing current factors and resources.

Level 1 – Maximum Readiness. During an actual occurrence, the facility will implement actions to accomplish task assignments in accordance with applicable operational procedures. If the scope of the emergency expands to the point that all internal response assets have been committed, the applicable agency will be contacted (in the order provided) to request assistance.

1. Local fire, police or other applicable agency
2. The city Emergency Management Coordinator.
3. The county Emergency Management Coordinator.
4. The nearest Texas Department of Public Safety facility or trooper (if you cannot contact one of the above).

CHAIN OF COMMAND

Administrator – Emergency Preparedness Coordinator (EPC)

DON – Alternate EPC

In the absence of the Administrator and DON the Chain of Command is as follows;

Assistant Director of Nurses or Weekend Manager

Charge Nurse

Department Heads

Nurse Aides

Maintenance/Housekeeping/Laundry/Other Personnel

EMERGENCY MANAGEMENT RESOURCES

The key to success in an emergency is effective communication.

Communications - (in Eight Core Functions)

SCC facilities participate in the "911" emergency management system. This pertains to everyone involved at the facility, staff, residents, families, volunteers and with all outside resources. The facility has basic land line telephone service, cellular phones, fax capability and pager communications equipment. They also have emergency communication with an alarm system that immediately alerts the fire department, the police department and staff as well as a passive alarm system for internal warning. Keep in mind - If basic land line phone service and cell phone services are disrupted in a disaster - texting is the next step to try to communicate. Many times it will still be operable.

Language communication barriers: Senior Care Centers contracts with Language Line, a personal interpreter service, who will provide interpreter services for our facilities. Please refer to the procedures referenced in *Section 17* to obtain an interpreter in the event you have an individual with Limited English Proficiency and you do not have a staff or family member or friend available to interpret. In an emergency fear is heightened if residents cannot speak English and understand what is happening.

Emergency Power: The facility has an Emergency Electrical System (EES) and is equipped with an emergency power generator that will provide illumination for means of egress, nurse stations, medication rooms, dining and living rooms, areas immediately outside of exit doors, exit signs and exit directional signs, generator set location and resident room night lights where applicable. The EES additionally supplies power to equipment to maintain the fire detection, alarm, extinguishing systems, life-support systems, nurse calling systems, all facility telephone equipment, and selected red duplex receptacles, which are included in resident corridors, nurse stations, medication rooms and resident rooms. The generator is either **natural gas or propane** fueled and is equipped to run continuously for 4 hours on a tank of fuel. Additional fuel is maintained off-site and made available for the purpose of extending the operation of the emergency generator in the event of an extended power outage. The emergency generator and battery are tested weekly and run for at least thirty (30) minutes each week under full load with the results documented to assure emergency power is readily available and operational at all times.

Heat: In an isolated outage of heat residents will be relocated to another area of the facility and made comfortable with blankets until systems are repaired. Heat and air conditioning will be furnished by portable PTAC units that will be operated from the identified emergency electrical outlets and supplied by the local Home

Depot or Lowe's or appropriate equipment provider when the need exists. Units are to be placed in common areas where they will have the most benefit. The facility has ample blankets in supply to accommodate residents.

Air Cooling Circulation: In an isolated outage of air conditioning, fans will be provided to rooms or residents will be relocated to another area of the facility and made comfortable with fans until systems are repaired. Fans will be operated from the identified emergency electrical system outlets. Circulating fans will be supplied by the local Home Depot or Lowe's when the need exists. For a widespread outage of air conditioning, circulating fans are to be placed in common areas where they will have the most benefit. And air conditioning will be furnished by portable PTAC units that will be operated from the identified emergency electrical system outlets and supplied by the local Home Depot or Lowe's or appropriate equipment provider if the need exists.

Supplies: The facility at a minimum maintains a 72-hour supply of nursing supplies and a 7 day supply of food. The facility dietary service will go to their disaster menu if gas curtailment is for an extended period of time and an adequate supply of single service products are available for food service needs when water is curtailed. Meals will be provided as needed to meet resident needs. The facility has ample linen supplies on-site. Additional linen supplies will be provided by one of our local sister facilities (listed in **Section 2**) if laundry service has been curtailed. Soiled linen and clothing will be temporarily transported to the local laundromat for cleaning or to a sister facility. The administrator will make this call if necessary.

Water: An emergency supply of water for dispensing medication, dietary service and conducting resident care will be provided by local grocery stores and as per written agreement. For additional water, the water heaters and commode tanks will be drained for non-potable water supply. A fresh water supply of 1 gallon per resident per day will be provided in storage and also can be obtained from a sister facility listed in this plan or by their contracted supplier.

Fire Alarm: Our facility is equipped with manual fire alarm pull stations that automatically sound the fire alarm when activated. The facility is equipped with smoke detectors which automatically register the designated area (zones) in which the smoke is detected. A fire alarm annunciator is provided at each nurse station. The Fire Alarm panel is equipped with a back up battery and also served by the emergency electrical system generator. Upon activation of an alarm the system automatically communicates directly to our contracted fire alarm system monitoring service, and they contact the Fire Department to respond.

If the fire alarm system, for whatever reason, is out of service for more than four (4) hours in a 24-hour period, the administrator will notify the local fire authority and the DADS regional office of the outage. The facility will immediately begin a

fire watch for all areas of the building until the fire alarm system has been returned to service.

The administrator or his/her designee will assign a dedicated staff member or members to a fire watch of the entire building. The assigned staff member will be required to physically walk all areas of the building for surveillance and be on constant alert for the sighting of any fires or fire hazards and will document their rounds on a Fire Watch Log.

If there is an immediate sighting of a fire, the staff member will verbally alert all parties in the building, call 911 and follow the facility Fire Safety Plan as outlined in **Section 8**.

Sprinkler System: Our facility is equipped with a complete automatic sprinkler system for resident protection in case of fire. If the automatic sprinkler system, for whatever reason, is out of service for more than four (4) hours in a 24-hour period, the administrator will notify the local fire authority and the DADS regional office of the outage. The facility will immediately begin a fire watch for the entire building until the automatic sprinkler system has been returned to full service.

The administrator or his/her designee will assign a dedicated staff member or members to a fire watch for all areas of the building. The assigned staff member will be required to physically walk all areas of the building for surveillance and be on constant alert for the sighting of any fires or fire hazards. The staff member will document their rounds on a Fire Watch Log.

If there is an immediate sighting of a fire, the staff member will verbally alert all parties in the building, call 911 and follow the facility Fire Safety Plan as outlined in **Section 8**.

EMERGENCY MANAGEMENT PROCEDURES

Transfer of Medical Records: Should a disaster cause this facility to cease operation, either temporarily or permanently, or make medical emergency transfer to other quarters, the current medical records of transferred resident(s) shall accompany the resident or be forwarded as soon as it is reasonably possible. Inactive resident and financial records will be transported to the facility's local corporate office or to a secured storage unit temporarily.

Transfer/ Agreement of Understanding: In order that transfer of residents or the receiving of residents, including necessary supplies and equipment be accomplished, a written agreement of understanding with other facilities for this purpose shall be maintained. (*Section 3*)

Specific Job Assignments: During disaster or emergency situations, specific job assignments become necessary. Each department shall have specific job assignments and shall be expected to carry out such assignments to the best of their ability. (*Section 22* has checklists for each department.)

Emergency Phone Numbers - (in Eight Core Functions) This facility has a list of emergency phone numbers (*Section 1*) to be used during a disaster, emergency or impending disaster. This information is located at each nursing services station, each department head's office and in the administration office. Lists of residents and responsible parties and families is also maintained and updated daily and available from the business office manager and at the nursing station.

Smoking Regulations: (*Section 5*).

All Clear Signals: All clear signals shall only be given by the EPC or designee in conjunction with Police and/or fire department when it has been determined that there is no further danger within the facility or affected area. Examples of items to be checked before an ALL CLEAR signal is given are; clearance of accumulated smoke, and/or that gas leaks, oxygen leaks, or other flammable gases or matter are not present that could cause additional damage or impair the safety and well-being of any person(s).

Shelter/Mass Care: For minor emergencies, staff and residents will shelter-in-place. For major disasters, staff and residents will move to other facilities or shelters (*Section 2*).

Transportation - (in Eight Core Functions) Administrator will contact the Corporate Director of Operations who will assist in arranging for transportation. 1. Senior Care Centers sister facilities will be able to provide twenty or thirty ten to fifteen passenger vans or buses for transport.

2. Transportation vehicles such as buses and vans will be contracted and utilized to transport residents to other facilities, if needed.
3. Residents who can be transported by car by their families will be utilized if needed.
4. City school buses will be requested from city officials.
5. Residents requiring medical transportation via stretcher will be transported by contracted medical ambulance services or by calling 911. (*Section 3*)

Evacuation: Should it become necessary to evacuate any part of our facility or the entire facility, evacuation routes and procedures shall be followed as established by this plan in the Evacuation Section. In the event of complete evacuation, residents can be taken to any of its sister facilities. The listing of these facilities is attached within this plan (*Section 2*) and includes appropriate addresses, telephone numbers and maps with direct route and alternate routes.

Residents requiring significant medical care would be transported to one of the area hospitals capable of admitting and providing care. Southeast Texas Medical Center at 2555 Jimmy Johnson Blvd, Port Arthur, TX 77640.
See Facility Transfer Agreement in *Section 3*.

QUICK PLAN OVERVIEW FOR MOST COMMON DISASTERS

(Complete guidelines are outlined in separate sections)

In Case of:

FIRE – (Section 8)

- a. Sound the fire alarm.
- b. Remove residents from immediate danger.
- c. Turn in fire alarm, give your name, name of home, location and distinct part of building fire is in.
- d. Evacuate residents to other area of building for safety, if a complete evacuation of building is deemed not to be necessary.
- e. Be sure all doors and windows to all rooms are closed.
- f. When the fire alarm sounds the HVAC system will shut down automatically so fans will not pick up smoke in return air ducts.
- g. In removing residents, remove ambulatory first, semi-ambulatory second, wheelchair residents also, and bed-fast residents last, to avoid confusion and expedite removal of residents from fire threat.
- h. If evacuation or transfer of residents is necessary, use evacuation route plan.

TORNADO or WIND STORM – (Section 11)

- a. If complete evacuation is not deemed advisable remove all residents to corridor areas, leaving bed residents in their beds and simply rolling beds out of their bedrooms to corridor areas and closing corridor doors. Locate residents away from windows to protect from flying glass.
- b. If beds are not equipped with casters, bed bound residents will be taken to the corridor by being placed on sheets, blankets or tarps and dragged.

FLOODING – (Section 11)

- a. Move residents away from any area if water is entering the facility. Move to highest ground in facility in the event of flood waters entering the facility.
- b. Sandbag if possible before storms if you are known to be in a low area that floods easily.

EXPLOSIONS or TERRORISM – (Section 14)

- a. If telephones are still in service, notify the Fire Department and Police Department and the county Emergency Management Coordinator.
- b. Tend to the injured people but do not try to evacuate anyone until authorized to do so by proper authorization unless there is imminent threat to health or safety.

- c. Flashlights will be kept at the nurse's station for emergency use.

Dietary Personnel

- a. Turn off gas and machinery.
- b. Help as directed, reporting to maintenance supervisor.

Laundry Personnel/Housekeeping

- a. Assemble blankets and protective clothing.
- b. Report to maintenance director or EPC for further instructions for assistance.

COMMUNITY DISASTER – (*Section 9*)

In the event of a community disaster requiring use of this facility's beds for disaster victims, the families of ambulatory or wheelchair residents will be requested, if the resident is able, to remove their family members from the facility for the duration of the emergency situation. Assistance will be given in locating beds in sister facilities. Residents whose care necessitates they remain in the facility will be grouped together in one wing as necessary for focused care. Vacated beds will be used on an emergency basis only until the disaster victims can be removed to another location.

SECTION 8

FIRE SAFETY PLAN

FIRE PREVENTION AND SAFETY

GENERAL FIRE SAFETY INFORMATION

FIRE SAFETY PROCEDURES

Fire Prevention and Safety

Good housekeeping and staff awareness are the best guarantee against fire. Do all you can to maintain order and cleanliness at all times in the interest of fire protection. Make it a habit to watch for fire hazards. If you see or smell smoke, report it immediately for investigation. Early detection means prompt extinguishing of fire. Form habits of watchful care; above all, be alert at night, for help is scarcest during early morning hours.

Good fire safety stresses two essentials, prevention and preparation and involvement:

1. Recognition, reporting and correcting of all fire hazards. Every employee shall report to his supervisor the physical condition of any item hazardous to employees, residents or the public. The supervisor will immediately notify the administrator. All hazards shall be corrected immediately. The Maintenance Report reflects typical hazards of the facility. This report should be completed on a regular monthly basis.
2. Keeping evacuation routes free from obstruction and keeping them well marked.
3. Knowing the location and operation of all fire extinguishers, and fire alarm boxes. All employees shall be thoroughly trained to use fire extinguishers, and the method of sounding the local alarm.
4. Knowing the proper method of reporting a fire. "Code Red" is the code used to announce the existence of a fire.
5. Understanding of all the material contained in the Center's Fire, Disaster, Evacuation and Relocation Plan. Each employee shall read the Center's plan upon being hired, and it is recommended that it be reviewed on an annual basis. With the help of the administrator and local fire department, each employee shall be trained on important facets of fire safety.
6. Fires need fresh air (oxygen) to burn. A draft is much worse than stagnant, still air.
7. Smoke inhalation kills more people than fire itself. Smoke is hot air and it rises. If movement within a smoky area is necessary, the person should remain as low as possible. This provides a higher concentration of fresh air, a lower concentration of smoke, thus reducing the chance of fatal smoke inhalation.
8. Never prop or wedge open fire doors during a fire evacuation or at any other time. This only provides an opportunity for a draft, smoke, and fire to move to other areas of the building.
9. Knowing the emergency evacuation plan. Emergency evacuation drills shall be held on a periodic basis, once every year. The emergency evacuation plan shall be posted in each department.

The administrator and each employee of the facility should to be aware at all times of the following areas where there is potential for fire and their responsibilities to report any unsafe conditions so that corrective measures can be taken promptly.

ALL EMPLOYEES ARE TO SEE THAT:

Smoking

- Regulations are enforced (designated areas)
- Safety ashtrays are in use
- Ashtrays are emptied in covered metal containers
- Cigarettes are extinguished when discarded

Combustible Storage

- Material is stored "neatly"
- Material is not stored in "fuel burning" or heat producing areas
- Waste or trash is removed regularly

Oxygen

- Cylinders are individually stored and not stored in direct sunlight
- When in use, cylinders should be securely stored
- Caps are on cylinder when not in use
- Ensure that regulator is properly installed when in use
- Oxygen in Use" signs on doors of storage or use areas

Electrical

- Extension cords are not used as "permanent" wiring for equipment
- No spliced or frayed cords are used
- "Ganged" or multiple connections for cords are not in use
- Proper sized bulbs are used
- Circuits are not overloaded (panels/wiring are excessively warm)
- Emergency power source in operation

Sprinkler and Alarms

- Alarm panel indicates "normal" or indicated as not being in trouble
- No storage located within 18 inches of sprinkler heads
- Portable extinguishers are fully charged
- Manual fire "pulls" are not hidden from view
- Complete corridor smoke detection system is best for early warning regardless of HVAC system

Corridors/Compartmentation

- Corridors/exit ways are free of non-wheeled obstruction
- Exit doors are not stuck, locked or blocked to prevent egress
- Smoke/fire doors operate properly
- Hazardous area doors are kept closed and not wedged or prohibited from closing
- Bedroom doors latch when closed

Equipment

Range, hood and filters are free of grease
 Air Conditioning filters are clean
 Dryer lint screens are cleaned regularly
 Dryer lint screens are free of holes
 Combustion/replacement air supply is not obstructed.
 Area behind dryers (motors, belts, pulleys, burners) should be cleaned as needed

Automatic Sprinkler Shut-Off

Only the fire department or licensed sprinkler contractors should cut off the water to the sprinkler system. However, in the event it becomes necessary to shut off the automatic sprinkler system in the building, for any reason, it shall be the duty and responsibility of the administrator or the EPC to:

- (1) Notify the monitoring company that the sprinkler system has been shut off and is in "test mode" and the approximate length of time that the system will be off. (If it is off for 4 hours or more notify DADS and the Fire Marshal)
- (2) Designate or assign necessary personnel to serve as a fire watch for the period that the sprinkler system is shut off. The duty of the fire watch shall be to regularly tour the facility to check for fire or conditions that could result in a fire and to complete the Fire Watch Log.

Fire Extinguisher Usage Procedure:

1. Remove fire extinguisher from cabinet or bracket on wall.
2. Hold the fire extinguisher upright.
3. Break the seal by pulling/twisting the pin on the handle of the fire extinguisher.
4. Hold the hose tightly and point the nozzle of the hose towards the base of the flame.
5. Squeeze the lever until the fire is out.

Chemical agents in the ABC extinguishers will create air borne particulates that are harmful to breathe. Once the fire is out close the area off as much as possible to prevent air movement and stop heating and air conditioning units to stop the chemicals from spreading in to the egress corridors and throughout the facility. If the fire was in an enclosure like a resident room, office or closet remove the residents or staff and then open the windows and turn on the exhaust if those are present in the enclosure and then close the door to prevent the chemicals from entering the egress corridors.

GENERAL FIRE SAFETY INFORMATION

The following procedure shall serve as a guideline for facility personnel and departments in the event of a fire, disaster, or any emergency regarding evacuation and relocation of facility residents or personnel.

The greatest danger in a nursing home fire is panic caused by fear of fire and smoke. In case of fire, remember-don't shout "FIRE!"

It is the duty of every employee to prevent residents from becoming unnecessarily frightened in any emergency. If there is a fire, every effort should be made to confine it to the immediate area in which it started.

All center personnel will be notified immediately in the event of fire anywhere in the building so that they can move promptly to their regular floor. They should be prepared to take whatever steps are thought best by those in charge.

Fear and panic can do as much damage as fire. Remember, more people die of smoke inhalation than they do of direct contact with the fire. If residents are aware of the fire, they should be assured there will be plenty of help to assist them if necessary.

Remember, the first thing is to move the resident/s out of the immediate fire area, do not evacuate the remainder of the building unless you have an order from the Fire Department, Administrator or Supervisor.

Awareness and Preparation for Prevention and Safety

1. Orientation: All personnel will undergo an orientation program with training for Disaster Preparedness including the Fire Safety Plan. Orientation is to be given within ten (10) working days of initial employment. Records of orientation are to be kept.
2. In-service Training: It shall be conducted at least annually on Disaster Preparedness including Fire Preparedness procedures. Records of In-service Training and persons in attendance are to be kept.
3. Fire Drills: They are to be held at a minimum frequency of one drill each month and one drill on each shift every three months. Fire drills are to be conducted and documented on the DADS Fire Drill form and kept on file at the facility. Employees present at the time of the fire drill are expected to react to the alarm, perform assigned emergency duties and verify participation by placing their signature on the fire drill report form.

An unannounced ringing of the fire alarm is to be used to begin all drills conducted between the hours of 6:00 a.m. and 9:00 p.m. Drills conducted between the hours of 9:00 p.m. and 6:00 a.m. may utilize a "coded announcement" in lieu of the audible alarms in order to avoid alarming residents.

4. Fire Alarm System and Smoke Detection

- a. Our facility is equipped with manual fire alarm pull stations that will automatically sound the fire alarm when activated.
- b. Our facility is equipped with smoke detectors which automatically register the designated area (zones) in which the smoke is detected. A master fire alarm panel is provided and annunciators are located at each nurse's station.
- c. Our facility is equipped with an automatic "sprinkler system" installed strategically by licensed professionals for the safety and preservation of lives in the event of a fire.
- d. Our fire alarm system is connected to a local fire alarm monitoring company, who will automatically call the fire station when our alarm is activated. A staff person on each shift and a back-up person is assigned and trained to telephone the fire department each time a fire is detected. If false alarm, the fire department is also notified.

5. Visual Alarm System

- a. A visual alarm (strobes or flashing lights) system, for the hearing impaired, has been provided so that they might know when a drill is being conducted or when an actual emergency exists.
- b. Visual alarm signals are located above each fire alarm bell, and will activate simultaneously with the alarm signal.
- c. A bright flashing light will indicate a drill is in progress, or that an emergency exists.

6. Safety Measures

- a. A daily check is made of storage areas, trashcans, soiled linen areas and locked areas.
- b. A daily check is made of bedrooms and bathrooms for fire hazards.
- c. Emergency phone numbers are posted by telephones.
- d. Staff members are instructed to emergency procedure and location of facility areas (zones).
- e. Staff members are instructed to locations and use of fire alarm systems, fire extinguishers and water hoses.
- f. Smoking by staff is prohibited on property.

Emergency Numbers

Emergency phone numbers are available and kept at each nursing services station, department head's office and the administration office. Department heads and emergency numbers are attached to this plan and provided at the nurse station.

FIRE SAFETY PROCEDURES

Transmission of Alarm to the Local Fire Department

Upon detection of fire and smoke our fire alarm system automatically sounds the fire alarm signals throughout the facility and our contracted monitoring company automatically notifies the local fire department to dispatch assistance.

Our facility's administrator must be telephoned in the case of fire or other disaster if he/she is not in the facility. A list of other emergency telephone numbers is available at the nurses' station.

Response to Fire Alarm and Fire:

A. General Instructions (Department Responsibilities):

NOTE: Never yell "FIRE" or announce fire over the intercom system, instead say, "Code Red" and give location such as "Code Red, Room 105."

1. When alarm sounds, nurse at the station will go immediately to fire panel, get zone number from the panel, pick up the intercom and relate zone to the facility staff. If nurse is not near the station, medical or other aide will check fire panel and relate zone.
2. Nurse responsible for zone where fire is located will conduct search for fire and the evacuation of residents in that area, using aides and any other personnel in that area. If more help is needed, use intercom or send someone for help.
3. The nurse and aides assigned to different wings shall stay in their assigned areas to stand by for evacuation procedures unless ordered by person in charge to assist in the immediate areas of danger.
4. Dietitians, housekeepers, janitors, and maintenance personnel will see that their respective duties are carried out. Dietary staff will see that gas to stove is turned off in the kitchen area and assist in controlling or removing residents from dining area if ordered to do so, and see that kitchen area is closed off and also the dining area.
5. Housekeepers and janitors shall see that all storage areas, such as housekeeping and janitor's room, utility room, linen room, etc. are closed off and assist in other ways ordered.
6. In reporting an emergency, such as fire, tornado, etc. which has actually occurred and assistance is required;
 - a. Give your name.
 - b. Name and address of home.
 - c. If home is damaged, give particular areas and number of residents involved.

7. When the employees and the nurse arrive at the fire, the nurse will assess the seriousness of the situation and TAKE CHARGE. She will then post an employee at the nursing station to maintain the telephone and console the residents.
8. If the intercom system is affected by the fire, the nurse will post employees at intervals throughout the building in order to communicate verbally with the employee at the nursing station and to calm the residents.
9. If evacuation is necessary, call the designated evacuation center; ask them to prepare the center for residents. Evacuate residents to the location. The nurse will appoint staff to be in charge of the evacuated residents.
10. Every employee has been trained in the use of all available fire extinguishers and in evacuating residents and will be expected to operate an extinguisher and explain the evacuation procedure when asked.

NOTE: Fire Extinguishers: Five and/or ten pound, ABC, fire extinguishers are located in all wings within no more than 75 feet of travel in any direction. These extinguishers are to be used on Class A, B, and C fires such as wood, paper, trash, cotton, clothing, oil or grease fires, electric motors etc. Five and/or ten pound, ABC and K, fire extinguishers are available in the kitchen and ABC extinguishers in the laundry area. These may be utilized if needed. All personnel will have training on the use of the extinguishers.

11. Maintenance Supervisor when on duty is to see that the fan system is turned off immediately to alleviate the danger of smoke spreading throughout the facility in the event of a fire and see that emergency lighting system is operable for emergencies. When Maintenance Supervisor is not on duty, a trained staff member will be assigned his duties.

B. Instructions for Employees Who Locate Fire:

1. Isolation of the fire – With the sounding of the fire alarm by manual pull or automatic device, the fire will have already been partially isolated when the smoke doors close off the fire zones and the panel identifies the zone of the transmission. When the fire is discovered and help is called for, a decision must be made to move, or not to move the residents.

If there is no one in immediate danger, the fire can be further isolated by closing the door to the room of origin after it has been assured to be vacant of residents and staff.

Complete evacuation is NOT an automatic procedure to be performed in the event of fire.

2. Employees are instructed to follow these steps in the case of fire. Commit these steps to memory in the following order:

- a. Sound the alarm. Remove residents from immediate fire area. (Resident's rooms, dining room, bathroom, etc) If you need help with the evacuation, contact the nursing station and give fire code and give room location;
- b. Report to the nurse the size of the fire (small or large) and what is on fire. Help will arrive immediately. In the meantime continue evacuation of the immediate fire area until area is clear.

Do not try to extinguish the fire with residents still in the room unless the fire is threatening resident life and the sprinkler system has not activated.

If two employees locate the fire at the same time, one will start evacuating while the other notifies the nursing station. REMEMBER THE WORD FIRE IS NOT TO BE USED:

- c. If the fire is large and out of control pull the nearest RED FIRE ALARM MANUAL PULL STATION. Remember they are located at exit doors and at the nurses' station. To minimize smoke from migrating from the room where the fire is located, close all doors, windows and vents in the room. If the air conditioner or heater is on, turn it off immediately. Turn off any other fans as well. If the fire is small enough to handle, get a fire extinguisher and extinguish the fire.
- d. If an extinguisher is essential you must minimize smoke and chemical extinguishing agent from migrating in to the exit corridor

NOTE: It is extremely important, as soon as possible after locating the fire, to notify the nursing station giving fire Code Red and the room number. Explain the size of the fire and what is on fire. The nurse will then announce over the intercom system, Code Red in that room, three (3) times. All available personnel in that section will report to the announced room or area of that fire.

C. Instructions for Employees Who Discover a Resident on Fire:

Fire deaths in nursing facilities in Texas have been caused by residents catching themselves on fire from smoking. Should a resident catch on fire, either from a fire, smoking articles, etc. immediately implement the following procedures:

- (1) DO NOT LET THE RESIDENT PANIC AND RUN.
- (2) COVER the resident with a blanket.
- (3) Wrap the blanket around the resident and PAT the fire area. DO NOT FAN. This will only cause the fire to spread and cause additional injuries.
- (4) IF A BLANKET IS NOT AVAILABLE, ROLL the resident over and over until the fire is out.
- (5) ONCE THE FIRE IS OUT, COVER THE RESIDENT WITH A CLEAN SHEET, TOWEL, etc. and try to calm the resident as much as possible.
- (6) DO NOT ATTEMPT TO REMOVE CLOTHING, ETC. FROM THE BURN AREA.
- (7) Report incident to your supervisor immediately.

- (8) Provide emergency medical treatment as outlined in our NURSING SERVICE PROCEDURES for burn victims.
- (9) Inspect the area to ensure that sparks have not created another fire, or fire is not present in the area in which the resident was discovered.
- (10) Report to DADS.

ONLY TREATMENT that can be provided by this facility shall be administered. Should treatment beyond our capabilities become necessary, the resident will be transferred to another facility capable of handling such victims.

Procedures for transfers shall be followed.

D. Job Specific Duties for Departments:

Maintenance

1. Proceed immediately to the scene of the fire.
2. Disconnect all electrical equipment from receptacles.
3. Shut off all ventilating equipment in the area.
4. Close all doors in the fire area.
5. Shut off and remove all oxygen in the fire area.
6. Fight fire using the proper equipment. An attempt to fight the fire should be undertaken only if employee's safety is not imperiled.

Nursing Personnel

1. Report immediately to your duty area.
2. Close all doors and windows.
3. Evacuate only residents in immediate danger.
4. Fight fire with proper equipment. An attempt to fight the fire should be undertaken only if the employees are not imperiled.
5. Off duty personnel report to the administrative office for assignment from the EPC for instruction.
6. Keep visitors with the residents and if evacuation becomes necessary, handle them as residents.
7. Disconnect all oxygen and remove from the fire area.
8. Disconnect all electrical equipment.
9. If evacuation becomes necessary, give each resident a blanket or wet towel. Combine their medical records and medications in their labeled pillow case.
10. Evacuate in the following order as outlined in the Evacuation Plan:
 - a. Ambulatory residents
 - b. Wheelchair residents
 - c. Bedfast residents

Dietary Personnel (See complete list in **(Section 22 checklist 8)**)

1. Close all doors and windows.
2. Disconnect all electrical equipment including vent fans.
3. Turn off all gas.

4. Report to the administrative office to the control officer for reassignment.

Laundry Staff (See complete list in *(Section 22 checklist 5)*)

1. Close all doors and windows.
2. Disconnect all electrical equipment.
3. Report to the administrative office to the control officer for reassignment.

Housekeeping (See complete list in *(Section 22 checklist 5)*)

1. Close all doors and windows.
2. Disconnect all electrical equipment.
3. Report to the administrative office to the control officer for reassignment.

SECTION 9

SHELTER-IN-PLACE PROCEDURES

Shelter-in-Place Procedures - (in Eight Core Functions)

PURPOSE:

To provide safety guidelines in the event of an external disaster which may produce a need to shelter residents in place and a possible influx of people to the facility from other locations, and temporary shelter for staff.

POLICY:

1. The facility maintains guidelines to provide for the safety of residents, staff and visitors while sheltering in place.
2. In order to shelter-in-place, implementation must be approved by the Administrator, Director of Nursing, EPC or Owner.
3. Designated locations for sheltering individuals other than residents who reside at the facility will be determined by the EPC.

PROCEDURE:

During Administrative or Non-administrative Hours:

1. A command center location will be established by the EPC.
2. The Administrator or Director of Nursing (DON) shall determine when to initiate the shelter-in-place.
3. If the Administrator or DON is not in the facility he/she will assign an EPC until they can arrive. The EPC will page three times - all Department Heads to the designated command center for briefing.
4. The EPC or their designee will contact local Emergency Personnel by dialing 911.
5. Direct care staff should stay on their hall to take care of their residents. All other staff members who have not been given a pre-assigned duty will report to their department director to receive instructions.
6. Any staff with a communication device will report to the command center all information pertaining to the location of any incident, any injuries to persons that are observed during the course of the incident or any other pertinent information. The EPC will communicate all necessary information to Emergency Personnel when they arrive.
6. Administrator, EPC or DON will notify DADS regional office by telephone once decision to shelter-in-place had been made.

Command Center Responsibilities:

1. The location of the Command Center shall be announced over the intercom system or by other means of emergency communication (2-way radio, walkie-talkie, verbal, and so forth).

The Emergency Preparedness Coordinator (EPC) assigned according to the order listed under the Chain of Command section on page 27. The EPC of the command center is in charge of the general supervision of the entire disaster procedure. He/she is responsible for coordinating with Department Managers the assignments of all persons connected with the facility.

2. Available staff with no immediate assignments shall be directed to the Command Center by their Department Managers.
3. The Administrator, if available, or designee, will answer any questions from the media or outside sources.
4. The EPC shall receive a current census list from the admissions office. As reports from departments are received, assigned personnel at the command center will account for the residents on the census list.

Client Care Area Responsibilities:

1. **Medical Director/Physicians/Nurse Practitioner** - These medical professionals will be responsible for triage of all residents.
2. **Nursing Services** - Nursing Services will coordinate triage and assist the Physicians as needed. Nursing support will be under the direction of the Director of Nursing or Medical Director.
3. **Therapy Personnel**- Therapy personnel will support nursing services, act as transporters as needed, provide wheelchairs and walkers.
4. **Medical Records** - Medical records will assume responsibility for registering individuals entering the facility as they come in and obtaining as much information as possible in the time available. They will also start a receiving list, gather transferred residents' information for Admissions and coordinate charting information. Medical Records and Admissions will label and secure the incoming resident's belongings.
5. **Maintenance Director** - The maintenance director will place all signage in areas designated and control crowds in all areas.
6. **Runners** - Runners will be assigned to the Client Care areas. If additional assistance is needed, the leader will contact the command center.

Additional Guidelines for All Personnel

1. Locate the exit (means of egress) nearest to your work area and determine the route (s) that you will take in advance. Establish a secondary route should your first choice be blocked. Emergency evacuation routes are posted throughout the facility and should be used as a guide when determining means of egress routes.
2. Do not evacuate unless you are instructed to do so or unless danger is imminent. If danger is imminent, utilize the established exits for your safe area and evacuate the area in a calm and organized manner.

rooms. Residents are to be reassured that they are in no danger and they must remain in the bedrooms with the doors closed until a staff member returns.

NOTE: The construction of the bedroom walls, ceiling and corridor door have been constructed in compliance with the National Fire Protection Association *Life Safety Code* 2000 Edition construction requirements for healthcare to provide a safe refuge for residents when the corridor door is closed, until a planned and orderly evacuation can be accomplished if required.

CONTROL - IMPLEMENTATION

1. The person in charge of an area at the time of fire or incident is responsible for the initial evacuation of that area. This responsibility continues until the arrival of the EPC or a superior or the fire department.
2. If the person in charge deems it necessary to evacuate that person will give the order. Evacuation should be the least disruptive to the residents while still ensuring their safety and should be to another part of the building if possible, otherwise evacuated outside to a non-driveway area. Driveways are to be maintained free and clear to be accessible for emergency vehicles. Give very specific directions to ambulatory residents. If time permits, bedfast residents should be evacuated in their beds if they have casters or by other means such as blanket slings or drags (protecting their heads) or two person carries. Place all people and objects on one side of hallways, leaving a clear path for egress. The person in charge should be the last one to leave the building after confirming all residents and staff members are out of the building.
3. Keep an account of residents at all times. If a resident is unaccounted for, notify the fire department immediately, and indicate the possible location of the resident. After each room is evacuated a designated staff member will check the room to assure no one is in the room and mark the room with tape marked EMPTY on the closed door. Evacuation includes all persons in the danger area. If it becomes necessary to completely evacuate an area, personnel shall not return to that area until such is declared to be in a safe condition.
4. No authorization is required to evacuate any person immediately endangered by fire or smoke.
5. The fire department will examine the building upon arrival and if complete evacuation shall become necessary, it shall be executed under the fire department's direction or that of the administrator or EPC on site.
6. Personnel shall cooperate with the fire department and evacuate any area or areas that are declared hazardous.
7. The direction of evacuation of all corridors will conform to the evacuation

routes posted on that floor.

ASSIGNMENTS DURING EVACUATION

1. The administrator/designee or charge nurse will be designated as the Emergency Preparedness Coordinator (EPC) and will be responsible for organizing and dispatching help to the various areas as needed based on who is on-site at the time of a fire or disaster incident.
2. The EPC will designate an assistant to act as control officer between administration and personnel.
3. The EPC or designee will notify all personnel of location of fire or incident that has occurred.
4. The EPC will assign someone, normally his/her Business Office Manager, to see that all financial records are protected and possibly removed to safety, including resident charts with DON oversight.
5. The EPC will proceed to the affected area and from there will send necessary information to the resident areas to keep them prepared for any necessary action.
6. EPC or designee on duty will confer with fire department officials and evacuation will be done only on the order of the fire department, EPC, administrator, or supervisor on duty.
7. EPC, DON or designee will notify the police/fire department if help or ambulance service is needed.
8. EPC or designee will meet the police/fire department upon arrival and give directions to the fire or incident.
9. EPC will dispatch employees and auxiliary help as requested by the police or fire department.
10. Maintenance Director or designee will see that all exit doors in egress are able to be unlocked and open freely. Doors normally locked in accordance with the NFPA fire codes will be unlocked if the fire alarm has sounded. Door alarm systems may be non-functioning therefore staff must be assigned to watch doors for the danger of residents leaving. (Section 16 Elopement)
11. Maintenance Director or designee will keep traffic areas open for egress and emergency operations inside the facility and maintain clear access for emergency vehicles outside.

12. Maintenance Director or designee will maintain all smoke doors closed.
13. EPC or designee will designate staff member to be responsible for only allowing authorized personnel in the building.

THREE TYPES OF EVACUATION CONSIDERATIONS TO MAKE

A. Internal Evacuation (residents stay within the building)

1. Rescue endangered residents from any affected rooms and securely latch the doors as residents are moved to safe area.
2. Move residents from affected wing/zone to safe wing/zone. See that fire and smoke doors remain closed when passing through them.
3. After all residents have been evacuated from affected wing/zone, incidental smoke passage can be further contained by placing wet linens/clothing around the smoke passage area.
4. If fire is extinguished and smoke is contained and there is inclement weather, movement to another wing/zone should be made before exposing residents to harsh conditions outside.

B. External Evacuation (residents will be on-site but will leave the building temporarily and then return when safe)

Under certain circumstances, (in-house smoke, toxic fumes, uncertain or unknown structural damage, etc.) it may be necessary to temporarily evacuate all residents to an outside area to the facility. The emergency actions to accomplish this are as follows:

1. The Administrator will notify local police and fire departments of the problem using 911.
2. The Administrator will determine where to assemble the evacuated residents depending upon the wind, weather, etc.
3. The DON will call physicians as needed. The Office Staff or Charge Nurse will recall off-duty personnel as needed.
4. All available personnel will assemble in the **Dining Room** for instructions.
5. The DON will determine area of immediate danger and direct evacuation of this area first.
6. The Maintenance Supervisor will provide all available personnel to assist in the movement of bed and ambulatory residents.
7. The Medical Records Clerk will be responsible to see that all documents, charts, personal and medical records are moved, or otherwise safeguarded from possible damage.

8. Assemble residents in a safe area and make adjustments to location as needed as recommended by Emergency Personnel or EPC. Staff members will be assigned to prevent **re-entry or leaving** the premises.
9. After residents are clear of the building, protection from the elements and/or first aid is given as needed.
10. Staff should utilize necessary resources to provide safety and comfort for all residents. Perhaps advising them the status of emergency and reassuring them they are safe and being cared for.

C. Extended Evacuation (to other off-site locations)

When the need for complete extended evacuation has been determined, EPC will designate staff to be assigned and organize to accompany and care for residents off-site.

Depending on the time element involved and the speed needed in preparation, Checklists have been prepared for assistance in detailing functions for staff members and volunteers by department as follows:

1. The extended evacuation of residents is the same as the "on site" evacuation but rather than stopping when getting outside, movement continues to the loading of residents in transportation vehicles, which will take them to a pre-determined location (see Evacuation Designations).
2. A designated staff member shall be assigned to each vehicle accompanying the residents for care and assurance.
3. Medicines, medical records, medical supplies are to go with or at the same time as the residents.
4. Records, equipment, etc. are to follow later.
5. After evacuation of building, use Checklists in **Section 22**.

COMPLETE EXTENDED EVACUATION DETAILED PROCEDURES

The following procedures will be followed once the decision is made that the safety of the facility is compromised and the residents must be evacuated to another location either permanently or for an extended period of time allowing for repairs.

Complete Evacuation to another Facility:

1. Administrator will notify the LOCAL Police and Fire Departments, 911 and each sister facility to prepare for residents and provide transportation.
2. The Administrator will notify the local and/or county emergency management coordinator, 911.
3. The Office Staff or Charge Nurse will recall off-duty personnel as needed.
4. All available personnel will assemble in the **Dining Room** for instructions.
5. Checklist Distribution to staff members for specific duties EPC will distribute checklists as follows:
 - a. Administrator/Administrative and Office Personnel: checklists 1, 2 and others as developed.
 - b. Director of Nursing/Charge Nurse/Aides: checklists 3, 4 and others as developed.
 - c. Maintenance/Housekeeping/Laundry: checklists 5, 6 and 7 and others as developed.
 - d. Dietary: checklist 8 and others as developed.

Documenting movement and relocation of residents being evacuated.

Indicate on the room roster by the resident name the FACILITY NAME where each resident is to be transported utilizing the FACILITY NAME or an established coding system by the facility.

Resident Identification

The FACILITY NAME where they will be sent will be noted on wristbands or name badges and each with the following:

- Resident Name
 - Medical Record ID number and special alerts
 - Individual Resident medications special alerts
6. The Administrator, EPC or DON will determine where each resident will be evacuated.
 7. The DON or designee will notify these facilities when residents will be arriving, their condition, how many, and their mode of transportation.
 8. The DON or designee will call physicians as needed and families.
 9. The DON or designee will arrange for ambulances to move non-ambulatory residents who require a stretcher. The Administrator will arrange for transportation for ambulatory residents.
 10. The Activity Coordinator will call volunteer assistance groups for additional help.

11. The Maintenance Supervisor will provide available personnel to assist in the movement of wheelchairs, beds and ambulatory residents.
12. The DON will insure that each resident has the proper identification before being evacuated with wristband with special needs i.e. cardiac risk, diabetes, etc.
13. The DON or designee will insure that each resident's medication is placed in a plastic bag, (other than medications requiring refrigeration) along with their controlled drug inventory sheet (s) and medical record. That bag will accompany the resident to their next destination in the resident's pillow case. The DON will also assure all medications requiring refrigeration will be transported in a cooler and will assure they are refrigerated upon arrival at receiving facilities.
14. The Medical Records Clerk will be responsible to see that the correct documents, charts, personal and medical records accompany each resident in their pillow cases.
15. The Medical Records Clerk will record the name of each resident and the location where they are sent to relocate and the time they left.
16. A designated nursing staff member traveling with the residents will be responsible to see that the personal effects of each resident are made available at the new location.
17. The administrator, EPC or DON will notify next of kin of any injuries or fatalities that may occur.
18. Medical treatment of evacuated residents will be provided by the assigned nursing team and director of medical care until they arrive at their final destination where care will be transferred to the staff at the location upon debriefing.
19. Outside assembly area for evacuating residents will be in the handicap parking area. Alternative assembly area will be the visitor parking area of the facility. Fire lanes maintained clear for emergency vehicles at all times.
20. Front office personnel are to accumulate and remove important records with resident information having top priority.

Evacuation Transportation: In the event that relocation of residents is necessary, it is the administrator's responsibility to see that arrangements are made. The administrator will contact the Chief Operating Officer to activate the utilization of Senior Care's sister facilities vans, buses and ambulances service for transportation. Sources for possible use are local school buses, Senior Citizen bus service, local police department, local ambulance service, employee's cars, family member's cars, or vans can quickly be set up with pads, medicines, etc., to move residents quickly without undue discomfort. Ambulance service will be provided for those residents requiring a stretcher.

Preparing facility for Evacuation:

1. Inspection of Exits: When the fire alarm has been sounded personnel assigned shall immediately implement the following procedures:
2. Turn on all lights

3. All EXIT corridors MUST be inspected first (by Maintenance Director or designee) to assure they are safe and passable.
 - a) FIRST, check the PRIMARY EXIT ROUTE. If it is CLEAR and SAFE, USE THIS EXIT IF EVACUATION IS ORDERED.
 - b) Should the inspection reveal that the PRIMARY EXIT IS BLOCKED, USE THE SECONDARY EXIT AS THE MEANS OF ESCAPE.
 - c) Should BOTH EXITS ROUTES BE BLOCKED, make every effort possible to clear at least one of the exits. Should additional assistance be needed, the person in charge shall immediately deploy such personnel to the area.

Preparing Residents for Evacuation: When the decision to evacuate has been made, those persons assigned evacuation procedures shall implement the following procedures:

DO NOT EVACUATE UNTIL THE ORDER HAS BEEN GIVEN, UNLESS EMERGENCY CONDITIONS WARRANT OTHER ACTIONS BE TAKEN. REMAIN CALM. DO NOT PANIC. REASSURE YOUR RESIDENTS EVERYTHING IS UNDER CONTROL. STAY WITH YOUR RESIDENTS.

1. Turn on all lights.
2. Begin preparing residents for evacuation.
3. Place bedfast residents in wheel chairs, if possible. If not, arrange beds so that they can be pushed out the doorway of the room when evacuation is ordered.
4. Have ambulatory residents ready to evacuate. Dressed, if possible.
5. Have all residents remain in their room or hallway. DO NOT LET ANYONE LEAVE THE AREA.
6. Have blankets ready to issue to residents.
7. Qualified staff members are to load residents to assure safe handling to minimize stress and the potential for injury.

Order to Evacuate:

1. When the order has been given to evacuate, USE ONLY THOSE EXITS that have been declared SAFE.
2. Close doors as you go out. This will slow down an advancing fire and smoke if the emergency is fire related.
3. EVACUATE ALL RESIDENTS NEAREST THE DANGER AREA FIRST.
4. Work your way from the danger area, if possible, and evacuate all residents to the ASSEMBLY AREA designated for that EXIT, UNLESS OTHERWISE INSTRUCTED.
5. One person must remain at the ASSEMBLY Area to assure that everyone remains in the area. DO NOT LET ANYONE RETURN TO THE DANGER AREA OF THE BUILDING OR RE-ENTER THE BUILDING ONCE EVACUATED
6. Should evacuation become necessary, before an exit has been cleared, that is if both the PRIMARY AND SECONDARY EXITS are BLOCKED, AND YOU ARE ON THE GROUND LEVEL, go to the farthest room away from the danger area. Upon entering the room, take an object and break the window. Remove all glass

from the window. Place a blanket over the windowsill to prevent cuts. USE THE WINDOW AS AN ESCAPE ROUTE. *Window evacuation should be considered only if it is a decision of last resort and only for residents with no other safe option and should only be done by qualified emergency personnel.*

7. All residents/personnel shall be counted, upon evacuation to the ASSEMBLY AREA, to assure that all are accounted for.

8. Any resident/person not accounted for shall be reported to the EPC, EPC, DON or person in charge immediately.

SECTION 11

PROCEDURES FOR TORNADO, HIGH WINDS

FLOODING

Hazard	Frequency	Potential Magnitude	Severity	Warning Time	Special Planning Considerations	Priority
1. Tornado	Likely	Catastrophic	Critical	Minimal	Training and drills.	High
2. Fire	Possible	Limited	Critical	Minimal	Training and drills.	High
3. Power Outage	Likely	Critical	Critical	Minimal	Training and drills. Flashlights available.	Medium
4. Bomb Threat	Possible	Negligible	Negligible	Minimal	Training and drills.	Low
5. Chemical Spill	Possible	Catastrophic	Critical	Minimal	Training and drills.	Medium
6. Water Shortage	Possible	Critical	Critical	Minimal	Training and drills. Review water sources.	High

TORNADO AND HIGH WINDS PROCEDURES

General Information:

Tornados and High Winds can strike anywhere, anytime, and without notice. However, in most cases, ample warning time is received. What is done in that time is up to YOU. Our facility wants to be prepared. We want to provide our residents, staff, or anyone in our facility with as much protection as possible.

We have prepared the enclosed policies and procedures for such protection. It is imperative that ALL OF YOU know this plan and YOUR job assignments. Training classes and Orientation programs have been developed to acquaint YOU with our plan.

When a WATCH is issued, certain functions must be accomplished. They may be burdensome and you may feel some are unnecessary. However, they are essential in saving lives and property. YOU must follow their plans as outlined and other instructions that may be issued. REMEMBER, a WATCH is merely to alert you that conditions are favorable for Tornados or High Winds. Follow procedures for WATCH ALERTS. They have been designed to save time should we actually be hit by such disaster.

When a WARNING is issued, it means a Tornado has been sighted in our area. Immediate action MUST be taken. Follow our procedures for WARNING ALERTS. They are necessary for reducing injuries and property damage. Don't take any of them lightly, even though they may seem unnecessary. Even if we are not hit by the disaster, it is better to have been prepared than to lose unnecessary lives.

Should our facility be hit by such a disaster, YOU must remain calm. DO NOT PANIC. Panic causes more injuries than the disaster itself. REASSURE YOUR RESIDENTS that everything is under control and that help is on the way.

Many agencies will provide support to us when such becomes necessary. The most important aspect of this plan is YOU. It will only work if YOU know WHAT you are supposed to do. Know this plan and its procedures. You may never have to use them, but should it become necessary, you will be glad you did.

If you are uncertain about the procedure, feel free to ask any questions deemed appropriate. You will be provided with an answer. REMEMBER, ONLY YOU can prevent injuries.

Notification of Warning Alert: - CODE GRAY

The National Weather Service will alert the area when a Tornado or HIGH WINDS WARNING has been issued. DON or Charge Nurse will then make the following announcement: "CODE GRAY all staff report to the nursing station" three times.

Upon hearing the announcement, staff will report immediately.

A TORNADO OR HIGH WINDS WARNING means that a TORNADO has been sighted or that HIGH WINDS are rapidly approaching and that IMMEDIATE ACTION is to be taken.

TORNADO or HIGH WIND WARNINGS will be received from monitoring local Television Weather Alerts or from broadcast received from local Radio Stations. The facility staff will monitor these broadcasts closely and through visual observations outside of the building.

Special Job Assignments:

When a CODE GRAY TORNADO or HIGH WINDS WARNING has been issued, for this area, all personnel shall respond to their respective assignments as outlined within this section.

Primary and Secondary personnel have been assigned to perform each task. Should the Primary person(s) not be available, the Secondary person(s) shall assume the responsibility of the assigned task.

- Primary and Secondary personnel are not assigned the same days off.
- Any person(s) not listed on the Special Job Assignment shall report to the person in charge for special assignments.
- Personnel, other than employees, in the facility during a WARNING, may assist in these procedures, if so authorized by the person in charge.

Tornado or High Winds Warning Procedures:

When a TORNADO or HIGH WINDS WARNING has been issued, for this area, the following procedures shall be implemented immediately:

1. **REMAIN CALM.**
2. **Reassure residents that they will be safe.**
3. **Move all residents to hallways away from windows and glass doors.**
4. **Leave bed-fast residents in beds and place beds against hallway walls.**
6. **Have ambulatory and wheelchair residents sit against the hallway walls.**
7. **Close all doors to resident rooms.**
8. **Give each resident a blanket to help protect them from flying glass.**
9. **Make sure exits are clear.**
10. **Keep flashlights and batteries readily available at the nurses' station.**

11. Follow all instructions issued.
12. REMAIN WITH RESIDENTS.

Remain in hallways until an "ALL CLEAR" alarm has been sounded by the person in charge.

Emergency Power:

In the event the storm disrupts our normal power supply, the emergency generator will automatically activate our emergency lights, life saving devices, call systems, red receptacles in corridors, etc.

Should the emergency generator fail to activate, the person in charge shall immediately send the assigned person(s) to manually start the generator. If the generator should fail flashlights will be provided to staff.

Damage to Building and Search for Injured:

Should damage occur to the building, that is, if the building is hit by the storm, immediately begin to search for injuries.

One person shall be assigned the task of going to each area and obtaining an injury count and report such information to the EPC and DON or person in charge.

Exits:

Once the storm has passed, and injuries have been reported, it may be necessary to evacuate the area. Should the person in charge decide to evacuate the area, Assembly Areas as outlined in our FIRE SAFETY PLAN, located in this manual, shall be used.

Make sure all exits that are to be used for evacuation are maintained clear and usable.

FLOODING PROCEDURES

Preparation in advance is crucial regarding flooding. If you are in a location where flooding is possible prepare your facility to have equipment on hand.

Shovels, sand and bags.

1. Place sand bags at doors and at weep holes in the brick exterior where high water will enter first.
2. Watch for wild animals, poisonous snakes and vermin trying to move to higher ground to prevent them from entering the facility.
3. Listen to the area weather radio and television stations for flood warnings and reports of flooding in progress in areas adjacent to the facility.
4. Contact your local city/county/state emergency management coordinator for assistance immediately if water is entering the facility and it is still raining.
5. Remain calm and stay with residents. Move residents to highest location in facility and sand bag around the area.
6. If water is entering the facility turn off electrical circuits at the main circuit distribution panels to prevent electrocution. Use flashlights until power can be safety checked by a qualified electrician and declared safe to restore power.
7. Dietary staff shall remove all food items stored low and place on higher shelves. Discard everything that comes in to contact with flood waters.
8. Determine whether evacuation is necessary based on forecast and follow evacuation procedures if deemed necessary by your EPC with advice from local authorities. (*Section 10*)

SECTION 12

PROCEDURES FOR POWER/HEAT/WATER OUTAGES

POWER/HEAT/WATER OUTAGES PROCEDURES –

A. Loss of Commercial Power

1. Emergency lighting/power is provided in conformance with the National Fire Protection Association (NFPA) 101 Life Safety Code 2000 Edition) and the Texas Department of Aging and Disability Services Licensing Standards.
2. In the event this contingency fails, adequate flashlights and/or battery powered lanterns are available for use in the **emergency kit box** located in the nourishment room or at the nurses station.
3. If loss of power is for extended periods of time, request will be made to local agencies (Fire Department, National Guard, and Red Cross) for assistance.

B. Loss of Comfort Heating

(See further detailed procedures in the *Emergency Management Resources Section 7*)

1. **Isolated outage** to one area of the facility, residents will be relocated to another area, until repairs can be made.
2. **Interrupted outage** to entire facility due to interruption of public utilities (electric/natural gas) and residents become uncomfortable; they will be placed in beds and be kept comfortable.
3. **Extended outage** period of time and they can no longer be protected in a comfortable manner, the residents will be evacuated to another location (see Evacuation Designations)

C. Loss of Water Supply and Procedures

Purpose of these procedures is to ensure that there will be an adequate water supply on hand to supply residents with water for personal and hygienic needs.

If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply:

1. If anticipated or not anticipated, potable water from emergency supply will be distributed throughout the facility as needed. Water for other purposes other than drinking or medical purposes will be obtained from hot water heaters and toilet water tanks.
2. If the event of extended interruptions, request will be made to local Emergency Services for assistance.
 - a. Notify the Administrator or Administrator's designee and the maintenance personnel.

- b. All attempts will be made to determine the cause for water disruption and the probable length of shutdown.
- c. Notify the City of Austin water department if it is determined the disruption is not within the facility.
- d. Dietary department will give out juices and other fluids that are on hand for consumption by residents.
- e. Disposable dishes and utensils may be used during emergencies
- f. If necessary, water will be brought in and dispensed as needed. This will be initiated through the facility agreement, sister facilities, with a local provider or by emergency government, if the emergency is widespread and long-lasting.
- g. If it becomes apparent that a water shortage will last for an undetermined length of time, the Administrator will order emergency measures taken to ensure proper care for ill residents and for those whose treatment has been disrupted by lack of water supply. Arrangements may need to be made to transfer those residents to sister facilities, hospitals or other long term care facilities for care.

The facility will be supplied with potable drinking water in the event of a disaster by sister facilities and potable water supplier. Small quantities may be purchased from local stores. Large quantities will be provided by local government sources or large water hauling suppliers. Refer to **Water Formula Per Department Section 13**.

SECTION 13

WATER FORMULA PER DEPARTMENT

Water Formula Per Department

Nursing: Toilets – 1.5 gallons to flush the toilet
(Rule of thumb: If it is yellow, let it mellow and if it is brown, flush it down)

Suggest: Each hall to obtain a large 60gallon clean barrel with water from the water heaters to use for flushing toilets and clearing sinks. (60 – 120 gallons)

Provide each resident with a water pitcher (utilizing bottled water) and freshen three times per day or as needed. Rule of thumb is one gallon of water per resident (120 gallons)

Dietary: Dietary to obtain a large 60 gallon clean barrel with water from the water heaters to use for flushing toilets, clearing sinks and washing pots/pans.

Trayline: requires 3 gallons of water per well (4 wells) = 12 – 20 gallons
It is not necessary to change the water, just add water to par level of 3 gallons

Steamer: requires 3 gallons of water (3 meals) = 9 gallons

Pot & Pan Sink: requires 5 gallons of water per well (3 wells) = 45 gallons

Cooking (use bottled water) allow 10 gallons per meal (3meals) = 30 gallons

Beverage: (use bottled water) allow 4 gallons at breakfast to mix juice and 15 gallons for

Drinking at lunch and dinner = 34 gallons
Total: Bottled water = 64 gallons
Potable water = 66 – 74 gallons

Thickened Liquids: 1 case of thickened beverages as a par level for both nectar and honey (ranges from 5-12 residents)

Staff/Guest: Rule of thumb is one gallon of drinking water per staff on duty/guest
Allow 50 – 60 gallons

SECTION 14

BOMB THREAT PROCEDURES

EXPLOSION PROCEDURES

BOMB THREAT PROCEDURES

Upon notification of a bomb threat or that a suspicious looking object has been found, the following action will be taken:

1. Bomb Threat:

- a. If a bomb threat caller is still on another telephone talking with another employee, dial OPERATOR and report.
 - (1) Your name and the name of the facility
 - (2) A bomb threat is being received.
 - (3) The telephone number the caller is using.
 - (4) Request an emergency trace of the call.
 - (5) You are notifying the Austin Police Department.
- b. Call the Austin Police Department at 911.
- c. Call the fire department at 911.
- d. Commence immediate evacuation of all residents to an open area at least 50 feet from the facility.
- e. Call off-duty personnel to assist.
- f. Evacuate staff personnel from facility.
- g. Meet the local law enforcement personnel and escort to the facility.
- h. Provide building plans if possible, to the local law enforcement bomb disposal unit. These are kept in the Administration Office.
- i. Have person receiving the bomb threat complete the attached form as soon as possible and remain available to talk with the law enforcement personnel when they arrive.
- j. Do not re-enter the building unless cleared by the local law enforcement bomb disposal unit.
- k. In the event of explosion, see page titled "Explosion".

2. Suspicious Object Located:

- a. Call the Austin Police and Fire Departments at 911 and report exact location and description of the object.
- b. Commence evacuation of the residents, starting with those nearest the object. Evacuate to an open area at least 500 feet from the object.
- c. Call off-duty personnel, leaving as many windows and doors open to minimize blast and fragmentation damage if explosion occur.
- d. If explosion occurs before evacuation is complete, see page titled "Explosion".
- e. Do not permit re-entry into the building until it is declared safe to do so by the bomb disposal unit or the local law enforcement agency.

3. Bomb Threat Telephone Procedures:

Be calm. Be courteous. Listen. Do not interrupt the caller. Notify the nearest person if available, by pre-arranged signal while call is on the line. The signal is: Hold up card stating "BOMB THREAT, TRACE, POLICE." Pretend difficulty with hearing. Keep caller talking if caller seems agreeable to further conversation. Ask questions like: When will it go off? Certain hour___? Time remaining___? What kind of bomb? Where is it located? Building___ Area___ What is your name and address? ___ If building is occupied, inform caller that detonation could cause injury or death. Did caller appear familiar with plant or building by his description of the bomb location? ___ Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Action to take immediately after call: Notify your Supervisor/Security Officer as instructed. Talk to no one other than instructed by your Administrator/ DON/Supervisor/Security Officer.

Complete a copy of the form located on the following page. These copies are found in the Administrator's office. Form should be completed as soon after the bomb threat as possible.

BOMB THREAT CHECKLIST

Name of Person Receiving Call _____ Dept _____
 Time _____ Date _____
 Name of Supervisor who was notified _____

Caller's Identity:

Male _____ Female _____ Adult _____ Juvenile _____ Approximate Age _____

Origin of Call:

Local _____ Long Distance _____ Booth _____ Internal (from within bldg) _____

VOICE CHARACTERISTICSSPEECH

_____ Loud	_____ Soft	_____ Fast	_____ Slow
_____ High pitch	_____ Deep	_____ Distinct	_____ Distorted
_____ Raspy	_____ Pleasant	_____ Stutter	_____ Nasal
_____ Intoxicated	_____ Other	_____ Slurred	_____ Lisp

LANGUAGEACCENT

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

MANNERBACKGROUND NOISES

_____ Calm	_____ Angry	_____ Factory Machines	_____ Trains
_____ Rational	_____ Irrational	_____ Party Atmosphere	_____ Animals
_____ Coherent	_____ Incoherent	_____ Office Machines	_____ Bedlam
_____ Deliberate	_____ Emotional	_____ Street Traffic	_____ Quiet
_____ Righteous	_____ Laughing	_____ Airplanes	_____ Voices
		_____ Music	_____ Mixed

OTHER INFORMATION YOU FEEL MAY BE HELPFUL:

EXPLOSION PROCEDURES

General:

An explosion of some form is always possible from many causes. If the explosion occurs within the building it may cause a disruption in services or destruction in some form, even loss of life. If an explosion occurs outside the building it could disrupt services to the facility and could contaminate air supply to the building.

Explosions can be caused by short circuiting electrical systems, unsafe fuel vapors, dropping pressurized containers such as oxygen cylinders, helium cylinders, and portable extinguishers in such a way as to break off valve heads, improper use of chemical or spilling volatile liquids and putting too much pressure in an enclosure (tank, pipeline, bottle, etc). Explosions can also occur from accidents on Interstate Highways in close proximity to the facility, gas main breaks and also from possible terrorism.

In the event of an explosion, the following procedures apply:

1. Pull nearest fire alarm pull station and dial emergency 911.
2. Identify injured and fatalities.
3. Render first aid as necessary without placing yourself in immediate danger.
4. Evacuate residents as necessary.
5. Report to public utilities about gas, electricity, etc.
6. Set up Disaster Control Center to coordinate activities.
7. Call physicians and ambulances, as required.
8. Recall off-duty personnel as needed.
9. Establish security of area until police arrive.
10. Have all areas of the facility inspected for damage.
11. Have gas, electricity, water and oil systems checked for damage.
12. Have damaged or potentially damaged utilities shut off at main controls.
13. Activate the Triage Unit, if necessary.
14. Establish the Treatment Room, if necessary.
15. Arrange for transportation of fatalities if needed.
16. Notify responsible party of disposition of loved one.

Decision as to whether to evacuate the building will be made by the Administrator in conjunction with the police and fire department. Evacuation procedures outlined in **Section 10**.

SECTION 15

CHEMICAL SPILLS/EXTERNAL FIRE/SMOKE PROCEDURES

CHEMICAL SPILLS/EXTERNAL FIRE/SMOKE PROCEDURES

The following action should be taken by facility staff in the event of an outdoor chemical spill:

1. Notify police and fire department.
2. Shut down outside intake ventilation for all heating and ventilation systems.
3. Close all doors to the outside and close and lock all windows.
4. Maintenance staff should set all ventilation systems to 100% recirculation so that no outside air is drawn into the building. When this is not possible, ventilation systems should be turned off. This is accomplished by pulling the fire alarm.
5. Turn off all heating systems.
6. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
7. Turn off all exhaust fans in kitchens and bathrooms.
8. Close all internal doors as possible in the building.
9. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
10. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go to the bathroom, close the door and turn on the shower in a strong spray to wash the air.
11. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
12. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
13. In the event a wild fire is spotted the fire department will be notified immediately to extinguish the fire. In conjunction with the outlined procedures, the EPC will follow fire department instructions to protect the facility residents and prevent the fire from entering the building. If the wild fire is not able to be quickly extinguished then the facility will follow fire department instruction regarding a decision to evacuate or defend in place.

Law enforcement/fire department agencies will make a determination regarding possible evacuation of residents. Follow evacuations procedures outlined in the complete external evacuation plan of the disaster plan.

SECTION 16

ELOPEMENT/ MISSING RESIDENT

Elopement/Missing Resident- "CODE GREEN"

PURPOSE:

To provide an organized procedure to search for an eloped or missing resident.

POLICY:

Staff will respond in a timely and organized manner to search for a resident who has eloped or is missing.

PROCEDURE:

- A. When a resident is noted missing from the room or unit, the staff shall inform the Director of Nursing (DON) or the Charge Nurse in his/her absence, that we have an elopement or missing resident, the residents name, and the room number.
- B. DON or Charge Nurse will then make the following announcement:
 "CODE GREEN all staff report to the nursing station" three times.
- C. Upon hearing the announcement, staff will report immediately.
- D. Staff responding to the code will be assigned search areas. Areas to be assigned are:
 1. Outside grounds and patios
 2. Dining room and kitchen
 3. Offices
 4. Therapy gym
 5. All client room (bathrooms, closets)
 6. Public bathroom
 7. Activity room
 8. Lobby area
 9. All other common areas
 10. Storage rooms
 11. Employee break room
 12. Shower rooms
 13. Laundry/housekeeping area
 14. Exterior perimeter of building
- E. If client is located within 10 minutes:
 1. Notify nursing to assess status for any injury, confusion, etc.
 2. Encourage the resident to return for assessment. (Do not leave client unattended)
 3. Explain to the resident that he/she should not leave the facility
 4. Charge Nurse will announce "CODE GREEN all clear" three times

5. Nursing will assess the resident upon return for any injury and document findings by filling out Incident Report and forward to Director of nursing within 24 hours which includes witness statements.
6. DON/Charge Nurse will notify the resident's family, Director of Nursing or Administrator and physician per facility protocol.
7. Nursing administration will assign supervision level and appropriate personnel to monitor resident.
8. Charge Nurse shall initiate the incident report.

F. If the resident is not on the premises:

1. The *EPC* shall initiate contact with the local enforcement agencies (Austin Police Department at 911) and give them a description of the client (height, weight, color of eyes, hair, race, etc.) and have a picture ready for them to look at when they arrive.
2. The *EPC* shall organize an off-premises search party with the assistance of emergency personnel.
3. All inquiries from the media or other parties shall be directed to the Administrator or designee
4. Reporting guidelines required by regulatory agencies will be followed with reporting being done by the Administrator or Director of Nursing.

G. If the client is located but refuses to return the facility:

1. Encourage the resident to return to the facility for nursing assessment.
2. If client still refuses to return to the facility the Nursing Supervisor shall:
 - a. Ensure resident safety
 - b. Communicate with facility location of resident and request additional staff for assistance.
 - c. Contact local authorities if client poses a threat to self or others.
 - d. Call resident's family for additional support.
3. Once resident has returned to facility or hospital:
 - a. Announce "**CODE GREEN** all clear" 3 times.
 - e. Notify the client's physician
 - f. Notify family if not already contacted.
 - g. Notify Administrative staff as needed.
 - h. Complete documentation and incident report.
 - i. Complete discharge planning if appropriate.

SECTION 17

LANGUAGE LINE ASSISTANCE (Interpreter Services)

LANGUAGE LINE ASSISTANCE

Administrators, Director of Nurses, Social Workers

We have a new contract with Language Line – Personal Interpreter Services who will provide interpreter services for our facilities. Please refer to the procedures referenced below to obtain an interpreter in the event you have an individual with Limited English Proficiency (LEP) and you do not have a staff or family member or friend that offers to interpret. The individual with LEP has to specifically request a person to interpret after the individual has understood that an offer of an interpreter at no charge has been made by the facility. Such an offer and the response will be documented in the person's file.

Children and other residents will not be used to interpret. If the individual with LEP chooses a family member or friend as an interpreter you must consider the friend or family members competency of interpretation, confidentiality, privacy and conflict of interest. If the family member or friend is not competent or appropriate for any of these reasons, interpreter services will be provided through the use of Language Line.

Please follow the following instructions to use this service.

To connect to an interpreter, dial 1-888-808-9008.

At the prompt, enter Senior Care Centers eight digit PIN: [REDACTED].

Speak the name of the desired language. (e.g. Spanish, German, etc.)

If the language you requested is correct, press 1.

An interpreter will be connected. Tell them what you want to accomplish and give them any special instructions

Provide the phone number if you need to have the interpreter place a call.

If you have difficulty using this service you can call a Language Line Services representative at 1-800-528-5888.

Judy Waffle
Corporate Compliance Officer
[REDACTED]

SECTION 18

INTRUDER FIREARM DEADLY FORCE

Intruder/ Firearm/Deadly Force – CODE YELLOW

PURPOSE:

- To promote an environment of care in which all residents, staff and visitors are protected from harm and to maintain security and crime prevention.
- To define the policy, procedure and responsibilities for safely handling of a person using or threatening to use a firearm in the facility.
- To establish a protocol to be implemented in the event that anyone in the facility or on facility grounds should ever use deadly force with a firearm or weapon of any type to harm residents, staff or visitors.

POLICY:

To take immediate action in order to reduce the risk of injury and/or fatalities to residents, staff and visitors in the event of an individual using deadly force on the premises by immediately calling 911 for police assistance.

DEFINITIONS:

Deadly force with a weapon is defined as an individual's use of any item or device (i.e., firearm, knives, clubs, explosives, etc.), to cause injury or death to another person or persons, whether this person's actions are on facility grounds or in the building; and whether directed against specific persons or randomly against anyone in the area.

PROCEDURE FOR DEADLY FORCE IN OR OUT OF THE BUILDING:

- A. If an **intruder** is observed in the facility or on the facility grounds with a weapon of any type, and it is apparent by their actions that their intention is to harm others (i.e. making threats, causing property damage, a look of rage or expressionless, and/or actually causing bodily injury), then the following steps will be taken immediately.
- B. All employees who witness or have reason to believe that any person other than a police officer or other uniformed law enforcement personnel is armed with a firearm will immediately contact management staff if time allows, or call immediately **911**. Law enforcement personnel who are on official duty may be armed in the performance of their official duties.
- C. The first person aware of the situation will notify the EPC:
 - a. If it is apparent that the intruder might inflict deadly force with a weapon and is directing their actions towards a specific person or persons in a specific area, **rescue** those residents or guests from that location.
 - b. Give the description of the intruder(s) and anything they might have said.

- c. Let the EPC know if anyone has been injured.
- d. EPC/Emergency Personnel will determine if the facility should be locked down based on the location of the intruder.
- e. The key to lock both the front and back doors is located at the Nurse Station key ring labeled "Master". All the doors at the end of the hallways should be locked at all times and require a code to exit or enter.

The codes are as follows:

100 Hall = 0915*
 200 Hall = 0915*
 300 Hall = 0915*
 400 Hall = 0915*
 Dining Hall to Parking lot = 0915*
 Dining Hall to Gazebo = 4225*

- D. Upon receipt of the information, EPC will respond as follows:
 - a. Call 911 immediately
 - b. Immediately make the following announcement over the intercom system: "CODE YELLOW" repeated three (3) times.
 - c. The EPC will coordinate and direct all residents, staff and visitors to proceed to safety.
- E. An **incident command center** will be immediately established by the EPC. All Department Heads not otherwise assigned will report to this location.
- F. **Communication devices** are available at the nursing station and in the Emergency Box located in the Nourishment Room. Communication includes but is not limited to, overhead intercom, walkie-talkies, cell phones, manpower, telephones, fax machine, active & passive alarm systems.
 - 1. Staff will report to the command center any information pertaining to the location of the individual, any injuries to persons that are observed during the course of the incident or any other pertinent information.
 - 2. Command center staff will assure that information that would be of assistance to emergency service personnel is relayed to the police.
- G. The EPC or his/her designee will report to the main entrance or alternate location to await the arrival of Emergency Personnel. Provide the following information (if known):
 - 1. The exact **location** of the intruder using deadly force.
 - 2. **Directions** on how to get to the area
 - 3. All additional **entrances** into the area.
 - 4. If anyone has been **injured**.

5. If intruder has made any **demands**, requests, or stated reason for their actions.
 6. **Description** of the intruder(s) using deadly force.
- H. If the intruder(s) using deadly force is located in a specific area, all employees, visitors and residents in the area ***should leave immediately***, if it is safe to do so. If it is not safe to do so (i.e., person or persons using deadly force with a weapon are randomly shooting anyone they see), persons should take cover in the nearest room and secure the door.
- NOTE:** Not all doors within the facility have locks. Doors that can be locked should be locked after entering safe rooms. Doors that do not have locks on them may be made more secure by moving any available items of furniture or other heavy objects against them.
- I. If the intruder(s) using deadly force is located in one of the residents rooms, all staff that are in the area at the time are to:
1. Quickly move all residents to safe area.
 2. Instruct all residents that are in the area to remain calm, quiet and await further instructions from staff or emergency personnel.
 3. Securely latch all resident doors.
 4. Emergency personnel will communicate with EPC when area has been secured. EPC will announce "**CODE YELLOW – ALL CLEAR**" x3.
- J. Staff responding to the code will be given additional responsibilities during a "CODE YELLOW".
The EPC will assign the following duties:
1. Stop anyone from entering the building through the front main entrance, with the exception of the Emergency Personnel. Instruct all drivers waiting at the front main entrance to move their vehicles immediately.
 2. Secure lobby area.
 3. Secure dining room doors.
 4. Secure all other common areas.
 5. Move residents, staff and visitors away from all windows and exterior exit doors.
- K. If anyone is seriously injured during the incident, emergency personnel will be called upon resolution of the crisis and all efforts will be made to stabilize the individual in preparation for transport by ambulance to a medical facility.
- L. After the "**CODE YELLOW – All Clear**" announcement has been made, the EPC will assign the following duties to any support staff:

1. Notify "in case of emergency" contact persons for the employees that were injured during the incident.
2. Notify "in case of emergency" contact persons for the residents that were injured during the incident.
3. Complete Incident Report and submit it to the appropriate parties including a written statement from each witness, and the APD case number, within 24 hours from the time the incident occurred.
4. All other support staff should standby to review and report residents' status and well being after the incident is resolved to determine if counseling or other assistance is needed in dealing with the incident for any residents or employees. Residents and employees may request help in dealing with the incident. Facility Social Workers are a good resource and also see SECTION 16 for crisis counseling.
5. After the emergency personnel has given the "OK" to enter the area(s) of the incident, the staff will be instructed to clean and disinfect the incident area(s) if required.
6. Staff should assess facility/property damage in the area(s) of the incident and report their findings to the EPC.
7. EPC/Owner/Administration will be responsible for preparing a statement, directing and informing media of the incident. The media should not be allowed into the facility unless given authorization by those listed above. If the media approaches an employee, they are to say the following, "No comment, you will need to speak to the Emergency Preparedness Coordinator."

- M. Any staff with a communication device will report to the command center all information pertaining to the location of the intruder, any injuries to persons that are observed during the course of the incident or any other pertinent information. The EPC will communicate all information to the Emergency Personnel.

IMPORTANT SAFETY RESPONSES TO REMEMBER:

- N. Try to remain calm at all times. This will help you to think clearly when taking immediate action in carrying out your emergency responsibilities. This will also help in keeping our residents and visitors calm since they look to us for protection.
- O. If confronted with the intruder using deadly force: Once again, remain calm. Do whatever the intruder(s) asks you to do. Give the individual an "out" to the situation (i.e., "If you leave now, you can still get away before the police arrive"). DO NOT attempt to run away from the intruder(s), unless it is obvious that your life is in immediate danger.

DO NOT attempt to overtake the intruder(s) with a weapon.

SECTION 19

MANGING DEATHS AND REMAINS DURING A DISASTER

Managing Deaths and Remains during a Disaster

Purpose

You may not be able to contact the coroner or they may not be able to respond in a timely way due to the disaster if it is widespread or it is not possible to access the facility. This plan describes how to handle remains if the death occurs in the facility during a disaster.

If cell phone service is disrupted then texting is the next step to try to communicate with the authorities.

Policy

The facility will follow the following information to achieve the following goals.

1. Protect the Living and Preserve the dead.
2. Treat the remains with respect, dignity and professionalism.
3. Identify the body/bodies.

Procedure

Tag, Wrap and Hold

TAG- Before moving the body, write on the ankle tags, toe tags or body identification form all identifying data and attach a picture of the resident if available. Take a photo ID of the body in its original location if possible. The TAG needs to include;

- Name (if known- if not known get as much identifying information as possible such as driver's license or car license numbers)
- Sex
- Race
- Apparent age estimate if no license is on the body
- Location body was discovered (office, room, car, etc.)
- Descriptions of anything that would help identify the body, i.e. tattoos, amputations, dental irregularities, etc.

WRAP- LEAVE ALL PERSONAL EFFECTS ON THE BODY. These are crucial identifying tools. Wrap them up as found with the body.

HOLD- Collect the tagged, wrapped body or bodies in a cool, enclosed, central location out of public view.

Try to provide a measure of security to prevent scavenging. Release body only to proper authority.

DO NOT release body or property to relatives. This is the job of the coroner after positive identification has been established.

Identification Form

Name _____
Identifying Information on body _____
Sex _____ Race _____ Age _____
Date and Time of Discovery of body _____
Location of the body at time of discovery _____
Date and time Coroner Notified _____

Identification Form

Name _____
Identifying Information on body _____
Sex _____ Race _____ Age _____
Date and Time of Discovery of body _____
Location of the body at time of discovery _____
Date and time Coroner Notified _____

Identification Form

Name _____
Identifying Information on body _____
Sex _____ Race _____ Age _____
Date and Time of Discovery of body _____
Location of the body at time of discovery _____
Date and time Coroner Notified _____

Identification Form

Name _____
Identifying Information on body _____
Sex _____ Race _____ Age _____
Date and Time of Discovery of body _____
Location of the body at time of discovery _____
Date and time Coroner Notified _____

SECTION 20

RECOVERY ACTION AFTER A DISASTER

RECOVERY ACTION AFTER A DISASTER

Upon return to the facility, the Recovery staff will be provided to fill staff positions that were evacuated with the residents. Department Directors are responsible for contacting recovery staff and coordinating coverage in their area.

A. Attention To Residents

1. Make an accurate count to ensure that all residents are accounted for.
2. If possible, give residents some type of refreshment or snack. This will take the residents mind off the surrounding excitement and calm them down.
3. Make sure that residents are warm and comfortable, especially if evacuated outdoor.
4. Observe heart patients and hypertensive patients very closely. All the activity and excitement around them could easily exacerbate their medical problems.
5. When possible, return residents to their rooms as quickly as possible. This will create a more secure feeling for all.

B. Attention to Employees

1. Take an accurate count to ensure that all employees are accounted for.
2. When possible, find all employees who were involved in the incident/disaster and have them state, in writing, exactly what happened while it is still fresh in their memories.
3. If possible, have licensed or charge personnel return to the nurses' station and complete the charting on all residents involved in the incident/disaster, especially if injuries occurred and residents have been transferred to hospitals.
4. Ensure that all regularly scheduled nursing activities are carried out as much as possible.

C. Other Necessary Actions

1. If volunteers are present, have them circulate among the residents to comfort and reassure them.
2. Plan room relocations for those residents whose living area was in the affected areas.

D. Retrieve Records Removed due to Emergency

SECTION 21

CRISIS INTERVENTION COUNSELING SERVICES AFTER A DISASTER

Crisis Intervention Counseling Services After a Disaster

Disasters are unnatural events that most people never expect to experience. Because of this denial that it will ever happen to them, they never develop any emotional skills that help them work through what is left of their lives after the disaster.

Senior Care Centers' facilities have licensed Social Workers on staff to assist residents with their fears and emotions in the aftermath of a disaster. If further counseling is required staff can request a referral to see a mental health professional if the resident is struggling after a disaster. Residents might have trouble sleeping; might be angry, confused or upset about what happened; have trouble concentrating or have a hard time adjusting after a disaster. They need to know they are not alone!

The Disaster Distress Helpline (DDH), a program of SAMHSA that is run by Link2Health Solutions, a non-profit that also runs the National Suicide Prevention Lifeline for SAMHSA, offers crisis counseling & support for individuals struggling after a disaster- through SMS! Text 'TalkWithUs' to 66746 (Spanish-speakers can text 'Hablamos' to 66746) and then go from there. Texts are answered 24/7/365 by trained counselors from one of our crisis call centers across the U.S.

Heads up: although the DDH doesn't charge for this service, standard text message rates apply according to your mobile carrier plan- for example, if you have an unlimited text plan, sending us a message won't cost you anything, but if you have a pay-per-text or have gone past your monthly text allowance, then your mobile carrier may charge for any texts that you send.

The Disaster Distress Helpline can be contacted by Text or calling 24/7 toll-free 1-800-985-5990.

SECTION 22

EVACUATION CHECKLISTS DEPARTMENT RESPONSIBILITIES

Checklist #1 Administrator/EPC/ Business Office/ HR

1. Call off-duty personnel as needed _____
2. Arrange transportation (see Section 2) _____
3. Notify receiving locations if evacuating _____
4. Confer with local hospitals for possible transfer of
critical or injured residents and staff (see emergency
phone list) _____
5. Notify governing agencies of plans _____
6. Distribute checklists and duties for implementation _____
7. Notify families/responsible parties regarding
evacuation or shelter-in-place status _____
8. Assist other departments per administrator (EPC)
instructions _____

Checklist #2

Securing of Administrative/Office Records

The following are located in the Business Office:

- 1. Resident Financial Records _____
- 2. Accounts Payables not yet processed _____
- 3. General Ledgers _____

The following are located at the Nurses station:

- 1. Policy and Procedure Manuals _____
- 2. Disaster Plan _____
- 3. 24-hour report sheets _____
- 4. Staffing Notebook with staff directory _____

The following are items to take in the event of a full evacuation:

- 1. Current Employee personnel records _____
- 2. Consultant Reports _____
- 3. Incident/ Accident Report Manual _____
- 4. Survey Reports _____
- 5. Resident medical records _____

Checklist #3 For Licensed Personnel

Director of Nursing/ Charge nurses and designees to ascertain that medical supplies, drugs (legend and non-legend) are identified and available for immediate use _____

Director of Nursing/ Charge nurses to ascertain if physicians are available and at same time, obtain telephone orders to evacuate residents to another location _____

Combine medical records/ charts; identify and pack in resident pillow or bag provided for movement _____

Determine if emergency oxygen supply is available _____

Determine that emergency medical supplies are available for use _____

Be sure that each resident has a wristband on _____

Checklist #4 Nursing

Emergency Kits

Every facility has an emergency kit with supplies listed below.

In the event of evacuation to other locations:

Indicate on room roster which facility each resident is to be sent to Utilizing the letter coding system below: _____

- Facility – Summer Place=SP
- Facility – Heritage Oaks Retirement Village =HORV
- Facility – Heritage Oaks West =HOW

The above names will be documented on the resident wristband and on the medical record bag for each resident:

- Resident - wristband _____
- Medical Record – plastic bag _____

The above names will be assigned to an individualized labeled Ziploc bag utilizing permanent markers:

- Individual Resident medications _____

Pack resident medical record and individualized medications in a Ziploc bag to send to the appropriate facility. _____

Bag approximately three changes of clothing for each resident in large heavy duty black plastic garbage bags located in the Emergency Kit. Using a permanent marker, label the bag with a name badge or masking tape including the resident's name, name of evacuating facility and name of destination facility. _____

Place the following in a box and label "drug room supplies". There Should be one box for each receiving facility with the name of sending facility labeled on the outside of the box. _____

- Non-legend drugs _____
- Soufflé cups _____
- Med cups _____
- Pill crusher _____
- Glucose or med pass _____
- Assorted syringes _____
- Alcohol wipes _____
- Paper cups _____
- Glucometer lancets and strips _____
- Dressing supplies _____

Place in a separate box labeled "nurse aide supplies",

One for each receiving facility with sending FACILITY NAME on outside of box. _____

Urinals	_____	Gloves	_____
Safety pins	_____	Thermometers	_____
Bedpans	_____	Toilet paper	_____
Emesis basin	_____	Blood pressure cuff	_____
Stethoscope	_____	Incontinent wipes	_____
Small trash bags	_____		

Utilize briefs for all incontinent and potentially incontinent residents.

Checklist #5 Maintenance/ Housekeeping/ Laundry

Preparation implemented if a "Watch" or "Warning" is issued:

Be sure adequate supply of cleaning products is on hand. _____

Launder all soiled linen in advance of emergency in case facility is without water for several days. _____

Be sure wet-vac is operable. _____

Apply masking tape to all glass to reduce breakage or shattering, if indicated. _____

Board windows and glass doors as needed. _____

Place all low stored supplies up higher off of floor in case of flooding. _____

Remove all loose items around exterior of building (trash cans, potted plants) _____

Secure additional fuel and batteries. _____

Check generator and battery as indicated to assure emergency lighting _____

Be sure dumpster lid is closed and secured. _____

Secure sand and sandbags to place outside all entrances to building. _____

Checklist #6 Securing of Premises

Housekeepers and janitors under the direction of the maintenance supervisor shall perform the following duties.

The premises must be secured to prevent damage and looting.

Tape all glass to reduce breakage and shattering. _____

Silence the alarm trouble signal in event of complete power failure. _____

Shut off gas. _____

Secure all oxygen cylinders. _____

Disconnect all electrical appliances and equipment except freezers and refrigerators. _____

Place all records not removed up and away from possible flooding. _____

Move furniture toward interior walls and away from windows. _____

Close drapes and blinds. _____

Determine that sewer clean-outs are capped. _____

Lock all medication, supply, and equipment room doors. _____

Sandbag entrance and exit doors. _____

Lock all exit doors. _____

Checklist #7 Maintenance/ Housekeeping After all Clients have been Evacuated

Housekeepers and janitors shall see that all storage areas, such as housekeeping and janitor's room, utility room, linen room, etc. are closed off and assist in other ways ordered by the EPC. Maintenance Supervisor should check the following items.

- Shut down laundry equipment. _____
- Shut down HVAC systems. _____
- Shut down fire alarm system. _____
- Turn out all but emergency lighting. _____
- Do not disconnect electrical utility power source. _____
- Disconnect generator battery. _____
- Turn all thermostats to "off" position. _____
- Remove supplies and equipment as directed. _____
- Secure all windows/ doors. _____
- Be sure dumpster lid is closed. _____
- Leave keys with police or Recovery Team Coordinator. _____
- Arrange with Police, National Guard, or private guard to patrol site. _____

Checklist #8 Dietary

Dietitians will see that their respective duties are carried out. Dietary staff will see that gas to stove is turned off in the kitchen area and that kitchen and dining areas are either closed off or they will assist in controlling or removing residents from dining area.

If evacuation by bus is necessary, take only those food supplies which your residents and staff would consume during the trip. The only additional items to take from the dietary include:

- Paper plates _____
- Plastic ware _____
- Special food items that might not be available at the receiving facility _____
- Dietary roster and diet cards _____
- A minimum of two (2) dietary employees should be assigned to go with the residents to the evacuation site. _____

The following food and supplies should be on hand at the receiving facility. These supplies should also be on hand in a facility which is sheltering-in-place.

A. FOODS

- | | |
|-----------------------------|---------------------------|
| Canned luncheon meats _____ | TVP Ham/Chicken _____ |
| Tuna _____ | Cold Cereals _____ |
| Jelly _____ | Graham Crackers _____ |
| Applesauce _____ | or Vanilla Wafers _____ |
| Canned Fruit Juice _____ | Drink mixes _____ |
| Powdered Milk _____ | Peanut Butter _____ |
| Crackers _____ | Bread (order extra) _____ |
| Canned Fruits _____ | Baby food (pureed) _____ |
| Tea/ Instant Coffee _____ | |

B. OTHER SUPPLIES

- | | |
|---|--------------------------|
| Paper Plates _____ | Paper Cups _____ |
| Paper Bowls _____ | Paper Towels _____ |
| Plastic Flatware _____ | Napkins _____ |
| Cleaning Supplies _____ | Plastic Trash Bags _____ |
| Sterno Cans/ Racks _____ | Bleach _____ |
| Container for Storage Of Drinking Water _____ | |

If the facility is evacuated, throw out all refrigerated leftovers.

Evacuation Checklist #9 For Sending Facility

Disposable Diapers	_____	Zip-lock Bags	_____
Magic Markers	_____	Color Spots for ID	_____
Masking Tape	_____	Arm Bands (IDs)	_____
Garbage Bags	_____	Rubber bands	_____
Handy-wipes	_____	Urinals	_____
Bedpans	_____	Cardboard Boxes	_____
Trays	_____	Soufflé/Med Cups	_____
Emesis Basins	_____	Flashlights/ Batteries	_____
Pill Crushers	_____	Tongue Blades	_____
Med Pass Supplies	_____	Igloo Water Jug	_____
Glucose	_____	w/ water	_____
Toilet Paper	_____	Small assortment of	_____
Emergency O2 Mask	_____	Syringes	_____
Portable O2 Canisters	_____	Battery Operated Radio	_____
Gloves	_____	Safety Pins	_____
Jellies	_____	Accucheck supplies	_____
Paper Cups	_____	Blood Pressure Cuffs	_____
Stethoscopes	_____	Thermometers/Covers	_____
Alcohol Wipes	_____		

Evacuation Checklist #10 For Receiving Facility

Disposable Diapers	_____
Magic Markers	_____
Foley Catheters	_____
Foley Trays	_____
Syringes (assorted)	_____
Med Cups	_____
Soufflé cups	_____
Paper cups	_____
Flashlights/ Batteries	_____
Distilled Water	_____
Masking Tape	_____
Facility Floor plan	_____

Floor plans should indicate where extra beds are/ floor space for positioning mattresses on the floor if needed.

Emergency Box Contents Checklist #11

Inclement Weather/ Evacuation Supplies:

Tape (For glass, identifying equipment) _____

Permanent Markers _____

Flashlights _____

Clipboards _____

Vests for staff in charge _____

Scissors _____

Caution tape _____

Masks as needed _____

Megaphone _____

Batteries _____

Portable Lanterns _____

Garbage Bags (Heavy Duty, for resident clothing, etc.) _____

Wristbands and permanent markers _____

Plastic bags _____

Extension cords _____

Additional supplies facilities might need:

Ice chests _____

Wet Vacuum _____

Plastic Sheeting _____

Sand Bags _____

Tools _____

Plywood _____

Checklist #12

Residents with Special Considerations

1. Dialysis

Resident Name: _____	Resident Name: _____
Location: _____	Location: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Frequency/Days: _____	Frequency/Days: _____
Time of Appt: _____	Time of Appt: _____

2. Other Special Considerations:

Resident Name: _____	Resident Name: _____
Location: _____	Location: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Frequency/Days: _____	Frequency/Days: _____
Time of Appt: _____	Time of Appt: _____

2. Residents with routine transfusions/chemo or radiation

Resident Name: _____	Resident Name: _____
Location: _____	Location: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Frequency/Days: _____	Frequency/Days: _____
Time of Appt: _____	Time of Appt: _____
Special Considerations: _____	Special Considerations: _____

3. Resident that are oxygen Dependent:

Resident Name: _____	Resident Name: _____
Resident Name: _____	Resident Name: _____
Resident Name: _____	Resident Name: _____
Resident Name: _____	Resident Name: _____
Resident Name: _____	Resident Name: _____

①

Station A

HI-TECH ELECTRICAL & MAINTENANCE			
PANEL	Cypress Glenn EMERGENCY PANEL		100A, 120/208V 1 Phase, 3-wire
1	AH-10	2	EXIT LIGHTS
3	AH-11	4	HALL RECPTS
5	AH-12	6	AH-15
7	AH-13	8	AH-16
9	NURSE STATION	10	FIRE ALARM
11	MED. REFRIGERATOR	12	SPACE
13	NURSE CALL	14	SPACE
15	NEW ADDITION-OUTSIDE LTS	16	SPACE
17	NEW ADDITION NEION EMER REC.	18	SPACE
19	NEW ADDITION-EMER. LIGHTS	20	SPACE
21	SPACE	22	SPACE
23	SPACE	24	SPACE
25		26	
27		28	
29		30	
31		32	
33		34	
35		36	
37		38	
39		40	
41		42	

1

PANEL 3

PANELBOARD 120/208V. 3 PH. DATE:		PANELBOARD 120/208V. 3 PH. DATE:	
FROM PANEL	P-3	FED FROM PANEL	P-3
	LOAD DESCRIPTION	CIR.	LOAD DESCRIPTION
22	Exhaust Fan "A" Wing	22	Receptacle- Bath
23	Water Heater & Pump	23	
24	Exhaust Fan "A" Wing	24	Receptacle - Bath
25	Air Handler #3	25	
26	Air Handler #4	26	
27	Air Handler #1	27	
28	Entry Tub	28	
29	Air Handler #2	29	
30	Air Handler #6	30	
31	Air Handler #5	31	
32	Air Handler #7	32	
33	Heat Pump #1, 2, & 3	33	
34	Panel 1-3	34	
35	Receptacle Nurses Area	35	
36	Water Heater & Pump	36	
37	Receptacle Bath	37	
38		38	
39	Receptacle - Bath	39	
40		40	
41	Receptacle - Bath	41	
42		42	

EGLEARS COMPANY
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2

PANEL L3

PANEL BOARD
120/208V. 3 PH. DATE:

PANELBOARD
120/208V. 3PH. DATE: 7/03

FED FROM PANEL L-3

FED FROM PANEL L-3

CIR.	LOAD DESCRIPTION
2	Lights & Receptacles - Day-Room HALL
3	LIGHTS - DAY ROOM (CANS)
4	Hall Lights "A" Wing
5	Heater Hall Bath "B"
6	HALL LIGHTS B WING
7	Heater Bath Rm. 102
8	CANS NURSE'S STATION
9	Heater Bath Rm. 101
0	LIGHTS NURSE'S STATION
1	
2	
3	
4	
5	
6	
7	
9	
0	
1	
2	

CIR.	LOAD DESCRIPTION
1	Lights & Receptacles - Rm. 121 & 123
2	Lights & Receptacles - Rm. 118 & 120
3	Lights & Receptacles - Rm. 119 & 121
4	Lights & Receptacles - Rm. -16 & 118
5	Lights & Receptacles - Rm. 117 & 119
6	Lights & Receptacles - Rm. 114 & 116
7	Lights & Receptacles - Rm. 113 & 117
8	Lights & Receptacles - Rm. 112 & 114
9	Lights & Receptacles - Rm. 111 & 113
10	Lights & Receptacles - Rm. 108 & 110
11	Lights & Receptacles - Rm. 109
12	Heater Hall Bath "A"
13	Hall Receptacles "A" Wing
14	Heater Hall Bath "A"
15	Lights & Receptacles - Rm. 105 & 107
16	Lights & Receptacles - Hall Bath "B" Night Pantrys
17	Lights & Receptacles - Rm. 103 & 105
18	Lights & Receptacles - Rm. 104 & 106
19	Lights & Receptacles - Rm. 101 & 103
20	Lights & Receptacles - Rm. 102 & 104
21	Lights - Storage & Linens

SQUARE D COMPANY
MADE IN USA

L-8801

3

7. out side
light

B.C. Miller Electric
500 Ferry Drive
Bridge City, Texas 77611
Office (409)-735-8700

PANEL EB

100/200/300/400 Wings

PANELBOARD:EM-1 120/208 VOLTS			
FED FROM: XFER SWTCH 3 PHASE / 4 WIRE			
CKT #	SERVES	SERVES	CKT #
1	AH-1	ROOM 108-111	2
3	AH-2	114-115-117 Room	4
5	AH-3	116-119-121 Room	6
7	Exit	118-120-	8
9	MED Fridge	AH-7	10
11	Nurse Cull	AH-7	12
13	Nurse Station	AH-6	14
15	EMG Light	NIGHT PAINTING	16
17			18
19			20
21			22
23			24
25			26
27			28
29			30
31			32
33			34
35			36
37			38
39			40
41			42

CKT #		CKT #
1		2
3		4
5		6
7		8
9		10
11		12
13		14
15		16
17		18
19		20
21		22

①
 outside
 Laundry Room

PANELBOARD	
120/208V.	3 PH. DATE:
FED FROM PANEL 1 A	
CIR.	LOAD DESCRIPTION
1	Air Handler #15
2	Heat Pump #15
3	Air Handler #16
4	Heat Pump #16
5	Washer #1
6	Future Washer
7	Washer #2
8	Wall A/C Unit Laundry
9	Air Handler #17
10	Future Dryer #1
11	Heat Pump #17
12	Dryer #1
13	Water Heater 7 & 8 & Pump
14	Dryer #2 #2
15	heater #15
16	
17	
18	
19	
20	
21	

SQUARE D COMPANY

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L-8801

① PANEL EM

HEROSS PROJECT 212
CONFERENCE

PANELBOARD		
V.	PH.	DATE:
FEED FROM PANEL		
CIR.	LOAD DESCRIPTION	
22	1-100 W SUB PNL	
23	2-900 W SUB PNL	
24	3-100 W SUB PNL	
25	4-300 W SUB PNL	
26	5-100 W SUB PNL	
27	6-300 W SUB PNL	
28	7- OUTSIDE EMG LIGHTS AC	
29	8- Sun Room	
30	9- DINNING Rm EMG LGT	
31	10- Telephone PWR	
32	11- [unclear]	
33	12- DOWNING EMG LIGHTS	
34	[unclear]	
35	[unclear]	
36	[unclear]	
37	[unclear]	
38	[unclear]	
39	[unclear]	
40	[unclear]	
41	[unclear]	
42	[unclear]	

3

PANEL L1 ACROSS FROM CONFERENCE ROOM

AF V.	PH.	DATE:	PANELBOARD	PH.	DATE:
1 P	L-1		120/208 V.	3 PH.	Room
LOAD DESCRIPTION			FED FROM PANEL	L-1	
			CIR.	LOAD DESCRIPTION	
ts - Dining Area		22	1	Lights & Receptacles - Bath & Utility	
mission + administrative		23	2	Lights & Receptacles - Rm. 200 & 202	
ts - Central Day Room		24	3	Lights & Receptacles - Rm. 201 & 203	
Chair Dryer		25	4	Lights & Receptacles - Rm. 202 & 204	
ts - Chapel Light			5	Lights & Receptacles - Rm. 203 & 205	
			6	Lights & Receptacles - Rm. 204 & 206	
			7	Lights & Receptacles - Rm. 205 & 207	
			8	Lights & Receptacles - Rm. 206 & 208	
Coffee Machine		30	9	Lights & Receptacles - Nurses Lounge	
			10	Lights & Receptacles - Rm. 210 & 212	
			11	Lights & Receptacles - Nurses & Adm. Office	
			12	Lights & Receptacles - Rm. 212 & 214	
			13	Lights & Receptacles - Admission Office	
			14	Lights & Receptacles - Rm. 216 & 218	
			15	Lights & Receptacles - Rm. 209 & 211	
			16	Lights & Receptacles - Rm. 218 & 220	
			17	Lights & Receptacles - Rm. 211 & 213	
			18	Lobby & Activity Office	
			19	Lights & Receptacles - Rm. 213 & 215	
			20	Hall Lights "B" Wing	
			21	Lights & Receptacles - Rm. 215 & 217	

SQUARE D COMPANY

MADE IN USA

L-8801

Exhibit 6

EXHIBIT 10

Usage for: [REDACTED]

LOCAL AIRTIME, LONG DISTANCE and INTERNATIONAL CHARGES

9/12/2017 NO NAPLES, FL 9:43 AM [REDACTED] (W) 2

Text 9/12/17 9:46AM

To: Rick Scott

Sage Carballo

Text Message
Tuesday 9:46 AM

1200 N 35 Ave
Hollywood FL
33021
152 Skilled
Nursing Home
FPL - Ticket #
4301

EXHIBIT 12

Not having AC
dehydrates
seniors and in
water boil
zone need
help FPL ticket
4301 thank
you!!!

J

Exhibit 7



October 31, 2017

Broward County Emergency Management **By Email:** LABrown@Broward.org
Attn: Lotti Brown
201 N.W. 84th Avenue
Plantation, Florida 33324

and

Agency for Health Care Administration **By Email:** NH_EmergencyRule@AHCA.myflorida.com
Emergency Rule Compliance

RE: Rehabilitation Center at Hollywood Hills, LLC
Compliance with 59AER17-1 Detailed Plan

Broward Emergency Management Department
and Emergency Rule Compliance at AHCA:

Our firm is legal counsel to Rehabilitation Center at Hollywood Hills, LLC (“Hollywood Hills”). Pursuant to 59AER17-1, please see the following attached documents in compliance with the emergency rule deadline for submission of the detailed plan.

- Hollywood Hills’ Emergency Power Plan
- Broward County Emergency Management approval of Comprehensive Emergency Plan (CEMP)
- Hollywood Hills’ CEMP
- Naya Architects, Inc. Proposal
- Guirola & Associates Consulting Engineers

Please advise if you have any questions or need additional information.

Sincerely,

/s/ Sabrina B. Dieguez

Sabrina B. Dieguez

S:\852.003 Hollywood Hills DOAH\Variance from AER17-1\Nursing Home AER17-1\DetailedPlan.59AER17-1.submission.ltr.10-31-17.docx

3301 Thomasville Road, Ste. 201, Tallahassee, FL 32308
850-297-2006 Telephone • 850-297-2009 Facsimile

1499 S. Harbor City Blvd., Ste. 202, Melbourne, FL 32901
321-676-5555 Telephone • 321-676-5558 Facsimile

www.smithlawtlh.com

REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC's
DETAILED PLAN IN COMPLIANCE WITH
59AER17-1

Emergency Power Plan:

1. Facility Information

a) What is your facility type (nursing home, ALF)?

b) Facility name:

c) Facility Address:

2. What areas of your facility do you plan to keep below 80 degrees? What is the square footage of the cooled area?

3. How many people (residents and staff) do you plan to locate in this cooled space/area? (Must meet national emergency shelter standards/state shelter guidelines (40 square ft. per person) and appropriate fire codes). Please provide a statement for how you plan to move residents to this location?

4. Will there be beds available in the cooled area.

YES

NO

How many?

Do you have these beds onsite?

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

6. Describe the fuel type you will need to operate the generator and how you plan on storing 96 hours of fuel on-site?

7. Describe where the generator is located at your facility:

8. Describe make, model and size of generator(s). Is the generator fixed or portable?

9. If your facility is planning on installing a fixed generator, describe the construction implementation time and attach the plans:

10. Describe what emergency features the generator is capable of powering (lights, fridge, A/C, etc.)

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



Environmental Protection and Growth Management Department

EMERGENCY MANAGEMENT DIVISION

201 N.W. 84th Avenue • Plantation, Florida 33324-1895 • 954-831-3900 • FAX 954-382-5805

July 21, 2017

James Williams, Director of Engineering
Hollywood Hills Rehabilitation Center NH
1200 North 35th Avenue
Hollywood, Florida 33021

Dear Mr. Williams:

This letter serves to confirm that your Comprehensive Emergency Management Plan (CEMP) meets the Emergency Management criteria established by the State of Florida Agency for Health Care Administration (AHCA).

Your plan was approved and it will be valid through August 6, 2018. Please note annual updates to your plan are due two months prior to your plan's expiration date shown above.

At renewal, your facility does is not required to submit a complete new plan. However, you must include updated contacts and agreements current within two years, and two hazard drills conducted within the prior 12-month period. Additionally, if your fire safety plan approval has expired, contact your local fire department to renew it prior to the expiration of your CEMP. Licensed health care facilities must immediately report any change of owner, location, or facility name.

If an invoice is attached, payment is due upon of receipt of this letter.

To improve your facility's ability to respond to an emergency, we encourage you to review your plan regularly, and update it as necessary.

Sincerely,

Lotti Brown
Emergency Program Manager

Enclosure

cc: Arlene Mayo-Davis, AHCA

CEMP

Section

The Rehabilitation Center at Hollywood Hills, LLC

**HOLLYWOOD PROPERTY INVESTMENT
THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

I. INTRODUCTION

The following format has been utilized to satisfy the Emergency Management Planning Review Criteria. HOLLYWOOD PROPERTY INVESTMENT Comprehensive Emergency Management Plan has been divided into sections since the Emergency Management Planning criteria for the Hollywood Hills Nursing Home varies from the review criteria for the Hollywood Pavilion, a psychiatric hospital.

Therefore the 2004 COMPREHENSIVE EMERGENCY MANAGEMENT PLAN is divided into:

SECTION ONE – THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC (RCHH) CEMP

SECTION TWO – LARKIN BEHAVIORAL (LB) CEMP

SECTION THREE – RCHH/ LARKIN

- STANDARD OPERATING PROCEDURES
- LIFE SAFETY PLAN
- UTILITY MANAGEMENT PLAN

SECTION FOUR – APPENDICES

Review of the Rehabilitation Center at Hollywood Hills-Hollywood / Larkin CEMP by the Emergency Management Division of Broward County will provide feedback and recommendations to enable this organization to implement any revisions and schedule additional education that may be necessary.

A copy of the 2004 COMPREHENSIVE EMERGENCY MANAGEMENT PLAN and the response from the Emergency Management Division Of Broward County shall be assessable to all departments at all times.

D/B/AHOLLYWOOD PROPERTY INVESTMENT

THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

D. BASIC INFORMATION CONCERNING THE NURSING HOME

1. The Rehabilitation Center at Hollywood Hills, LLC, 1200 N. 35th Avenue, Hollywood, Florida 33021. (See APPENDIX A for location map).

Telephone Number: 954-981-5511
Emergency Telephone Number: 786-599-4843
FAX Number: 954-981-7229

2. Owner of Facility: Hollywood Property Investment.

3. The Rehabilitation Center and Hollywood Pavilion were built in 1963.

4. The Chief Executive Officer/Administrator is Jorge Carballo. The telephone number at his residence is (954)-602-1620.

The schedule of the CEO is arranged so he is **ON DUTY** or **ON CALL** 365 days of the year, 24 hours a day.

5. Jorge Carballo, CEO/Administrator, is responsible for implementing this plan (see item #4).

6. The following individuals contributed to this plan and are employees of Hollywood Property Investment., d/b/a Rehabilitation Center at Hollywood Hills, LLC.

Jorge Carballo, Administrator/CEO	786-599-4843
Maria Colon, Director of Nursing	954-551-5377
James Williams, Director of Engineering	843-683-1407
Joselin Rosario, Director Environmental Services	305-968-9822
Luis Ramirez, Risk Manager	954-600-3913
Julie Paterski, Director of Activities	561-504-3221
Carolyn Baus, Director Dietary	917-575-5111
Jessica Castillo, Director of Human Resources	305-877-6753
Juan De Sosa, Director of Transportation	305-909-5012
Yessenia Gonzales, Business Office Manager	
Zoraya Gonzales, Director of Rehab	786-546-4601

HOLLYWOOD PROPERTY INVESTMENT

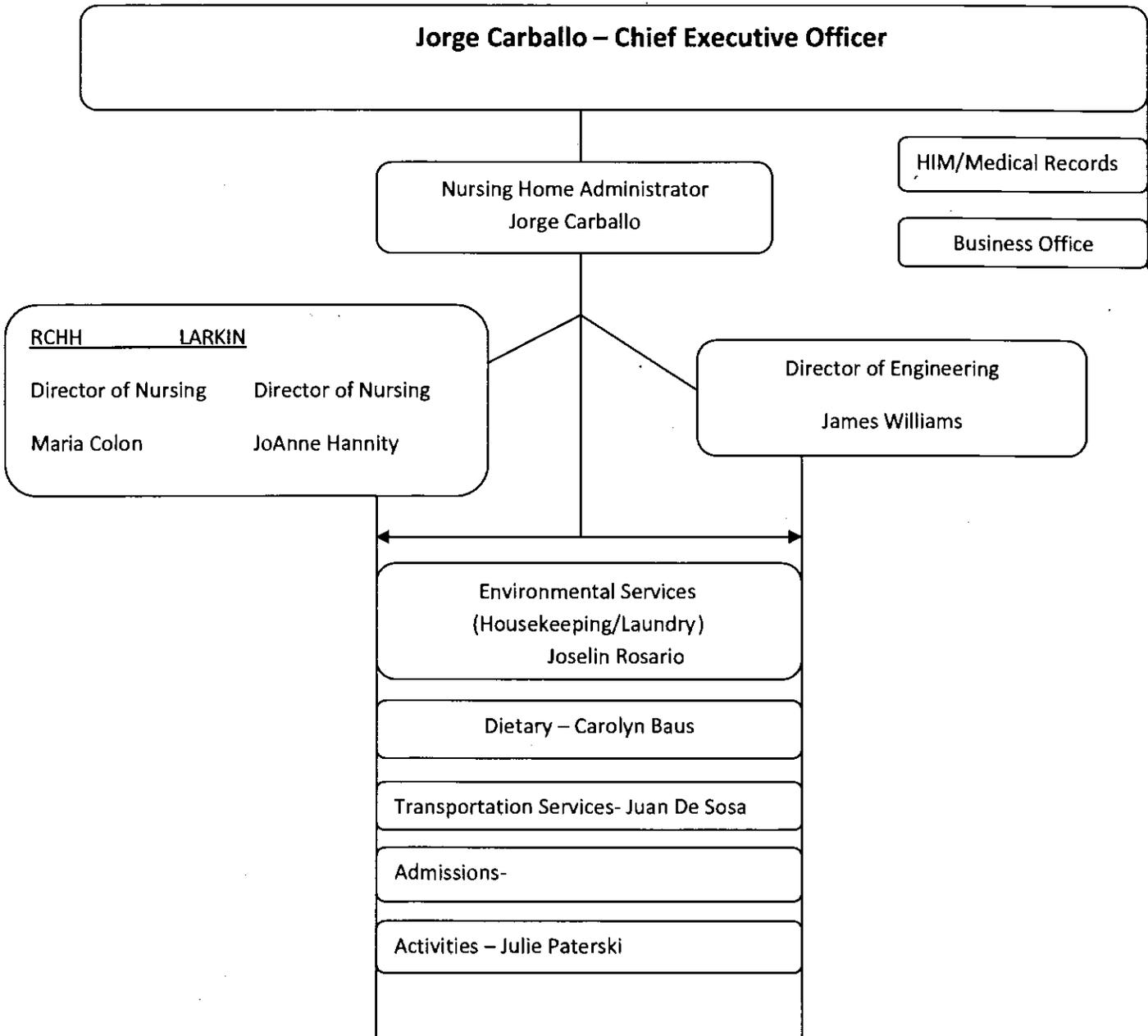
D/B/A
THE REHABILITATION AT HOLLYWOOD HILLS, LLC

7. An organizational chart of The Rehabilitation at Hollywood Hills follows on the following page.
Organizational chart of The Rehabilitation at Hollywood Hills follows on the next page with Key Management positions highlighted with yellow.

**THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
HOLLYWOOD
Comprehensive Management Plan**

ORGANIZATIONAL HIERARCHY IN THE EVENT OF AN EMERGENCY

Two departments have been identified through previous experience as having the Key Role in protecting the lives of residents/patients/staff and limiting the damage to the physical plant in the event of a hurricane or other disaster. The following table of hierarchy reflects the role of these two departments - NURSING and ENGINEERING. Names of individuals in Key Management positions have also been identified.



**THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

- B. The CEMP has been established through the joint effort between the Key Management Team Of Rehabilitation at Hollywood Hills Center and Larkin Behavioral with sensitivity to the fact that the nursing home and the psychiatric hospital treat individuals with different needs and both the nursing home and the psychiatric hospital must comply with different statutes and regulations set by government agencies.

Key Management members of The Rehabilitation Center at Hollywood Hills and Larkin , which are located in the same facility, annually review the current Emergency Preparedness Plan. This integrated planning process has resulted in appropriate coordinated response by leaders and staff when there have been emergencies in the past. Staff training content is also identified through this integrated planning process. Staff training is continuous and is a key element in the preparedness of this facility to respond in a timely and appropriate to any emergency. Thereby, providing a safe environment to every individual served by The Rehabilitation Center at Hollywood Hills and Hollywood Pavilion.

Since 1995, the Emergency Preparedness Plan has been incorporated the COMPREHENSIVE EMERGENCY MANAGEMENT PLAN to ensure that this facility is current with the dynamic changes, which have evolved during the past year, in the management of emergencies by the county, state and federal government agencies. The Governing Body has approved the 2006 Comprehensive Emergency Management Plan, which becomes effective July 1, 2007.

The purpose of the CEMP is to define specific responsibilities for RCHH and LARKIN personnel and to provide guidelines for the coordination of all activities necessary to protect the safety of the Nursing Home residents, Pavilion patients, RCHH/LARKIN staff, visitors, and members of the community during an internal or external disaster.

This CEMP has been developed in accordance with ARCA's criteria (ARCA 3110-6006, March 1994 - nursing home and ARCA 3130-8005 September 1994); and the Florida Statutes for hospitals and nursing homes e.g.,

- State of Florida, Administrative Code 59A-3 HOSPITAL Licensure-Comprehensive Emergency Management Plan, and
- State of Florida, Administrative Code 59A-4, 126 NURSING HOME Licensure-Comprehensive Emergency Management Plan.

The Key Management Team has accomplished a goal to be in 100% compliance relative to Emergency Preparedness with both administrative codes by for eleven consecutive years (1995 & 2006). Total compliance is a requirement of the State of Florida, Agency for Health Care Administration.

**THE REHABILITATION CENTER HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

II. AUTHORITY AND RESPONSIBILITIES

- A. The RCHH/LARKIN CEMP has been developed in accordance with Florida Statutes for nursing homes as the legal basis for development of the Comprehensive Emergency Plan.
- B. Reference materials utilized in the development of the RCHH/LB CEMP included:
- Florida Statute 400.23g2
 - State of Florida, Administrative Code 59A-4.126 NURSING HOME Licensure-**Comprehensive Emergency Management Plan.**
 - Florida Health Care Association's, DISASTER PLANNING, a Resource Manual for Developing a Comprehensive Disaster Preparedness Plan. (1993)
 - Joint Commission on the Accreditation of Health Care Organization's Comprehensive Accreditation Manual for Hospitals - 2006 Environment of Care standards.
- C. Hierarchy of Authority for Nursing Home:
- Chief Executive Officer
 - Chief Operating Officer
 - Nursing Home Administrator
 - Director of Nursing
 - Assistant Director of Nursing
 - Nurse Supervisor
 - Charge Nurse

THE REHABILITATION CENTER HOLLYWOOD HILLS, LLC COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

III. HAZARD ANALYSIS

A1. POTENTIAL HAZARDS

Potential hazards that this facility is vulnerable to include: hurricanes, tornadoes, flooding, fires, hazardous materials from fixed facilities, chemical spills in community, and/or transportation accidents, power outages during hot weather, bomb threat and bioterrorism related events (Please see Broward County Hazard Vulnerability Analysis).

The Rehabilitation Center at Hollywood Hills and Larkin are located outside the 10-mile emergency planning zone of the nuclear power plant (Turkey Point). It is not necessary for this facility to have an emergency response procedure addressing action to be taken if there is a nuclear incident at the Turkey Point power plant. However, this facility is located within the fifty mile emergency planning zone and in event of a nuclear incident at Turkey Point the key management team will follow any instructions given by the City of Hollywood Police Department, e.g., secure facility until an all clear is given.

A.2 PAST HISTORY AND LESSONS LEARNED

Staff acknowledge that Hurricanes Andrew (1992), Charlie (2004), Frances (2004), Katrina (2005) Wilma (2005) taught this organization several valuable lessons from which other facilities could benefit as well.

- Better planning for providing care to those agencies that may require assistance following a disaster. This was evidenced in the number of nursing home residents that were evacuated after Hurricane Andrew.

- Transferring facilities must bring necessary medical supplies to provide care to those residents who are evacuated to a receiving facility (e.g., during Hurricane Andrew staff from transfer facilities did not bring tube feeding required by their residents and in 2004 one facility transferring residents needed to make arrangements for a Medication Cart to be delivered to this receiving facility). Hurricanes Katrina (2005) did not directly impact Broward County, but those who are responsible for providing care to Florida residents / patients are closely following the lessons generated from this catastrophic tragedy.

B. SITE SPECIFIC INFORMATION PERTAINING TO RCHH

1. The Rehabilitation Center at Hollywood Hills, a skilled nursing facility, is licensed to serve 152 residents, which is the maximum number of residents on site. Based upon the 2006 census, the average number of residents on site was 136.

2. The type of residents who are served by RCHH includes:

- Residents with Alzheimer's Disease
- Residents who require special equipment, special care (such as oxygen, dialysis, tube feeding, etc)
- Residents who are self-sufficient
- Residents with psychiatric disorders

**THE REHABILITATION CENTER HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

III. HAZARD ANALYSIS (Continued)

B. SITE SPECIFIC INFORMATION PERTAINING TO HHRC

3. The Rehabilitation Center at Hollywood Hills is NOT in a hurricane evacuation / flood zone. (SEE APPENDIX B)

The location of The Rehabilitation Center at Hollywood Hills is marked on the Flood Insurance Rate Map. (SEE APPENDIX C)

4. The Rehabilitation Center at Hollywood Hills and Larkin Behavioral are located 1 mile west of a railway. Major transportation arteries are located 1.5 miles east (Interstate 95) and 2.5 miles to the West (Florida turnpike). Hollywood Fire Department's HAZMAT Team acknowledge that the proximity of this facility to major transportation arteries does NOT create a need for special procedures should there be a HAZMAT event directly to the East on I-95 or directly to the West on Florida's turnpike.

5. The Rehabilitation Center at Hollywood Hills and Hollywood Pavilion are located outside the 10 mile emergency planning zone of a nuclear power plant, Turkey Point, (SEE APPENDIX D). It is not necessary for this facility to have an emergency response procedure addressing action to be taken if there is a nuclear incident at the Turkey Point power plant.

However, this facility is located within the fifty mile emergency planning zone and in event of a nuclear incident at Turkey Point, the key management team will follow any instructions given by the City of Hollywood Police Department, e.g., secure facility until an all clear is given.

6. The Rehabilitation Center at Hollywood Hills/Hollywood Pavilion had developed a Bioterrorism Plan prior to September 11, 2001 which addresses the facility's ability to be self-sustaining in accordance with this Comprehensive Emergency Management Plan. This facility's close proximity to Memorial Regional Medical Center, with the south side of this building facing the north perimeter of Hollywood Regional Medical Center, provides ready access to emergency medical/trauma care should such services be required in the event of an act of terrorism.

**THE REHABILITATION CENTER HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

IV. CONCEPT OF OPERATIONS

SEE SECTION III FOR THE PROCEDURES, RESPONSIBILITIES AND ACTIONS THAT THIS FACILITY WILL TAKE BEFORE, DURING AND AFTER ANY EMERGENCY SITUATION.

A. DIRECTION and CONTROL

1. Jorge Carballo as the Chief Executive Officer has designated James Williams, Director of Engineering, to be charge of operations during an emergency.

Jorge Carballo, Chief Executive Officer, is the alternate person to be in charge during an emergency if the Director of Engineering, James Williams, is not available. The CEO/Director of Engineering will be assisted by Maria Colon, Director of Nursing.

2. The CHAIN OF COMMAND which ensures continuous leadership and authority during an emergency differs from the daily operation Chain of Command. Three departments have been identified as key in the management of emergencies:
 - NURSING.....care of the residents
 - ENGINEERING.....care of the physical plant
 - ENVIRONMENTAL SERVICES....care of the facility and residents' environment

All other departments will function in a support role to Nursing and Engineering.

The Chief Administrative Officer has the responsibility for coordinating and authorizing resources for Engineering, Environmental Services, Dietary Services and other departments that may be required to prepare and/or respond to an emergency operation.

The CHAIN OF COMMAND which ensures continuous nursing leadership and authority during an emergency not differ from the daily operation Chain of Command.

- Director of Nursing
- Assistant Director of Nursing
- Nurse Supervisor
- Charge Nurse

3. The Director of Nursing shall contact the appropriate Department Heads (Key Management Positions) depending upon the nature of the disaster. Each Department Head is responsible for calling in staff to assist with the emergency, when additional staff are deemed necessary. This will ensure timely activation and staffing of this facility in the event of an emergency.

Activities room and/or Rehabilitation Therapy room in the nursing home will be set up as a dormitory for staff members - staff members will be required to bring in own

pillows, blankets, sleeping bags and personal care items; offices will be converted into sleeping areas. The provisions for emergency workers' families were tested during Hurricane Andrew and were reported by those family members to be secure and adequate.

**THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

V. CONCEPT OF OPERATIONS

A. DIRECTION and CONTROL continued

4. Operational and Support roles for all established positions within the nursing home and Hospital are included in the SECTION 111- STANDARD OPERATING PROCEDURES.

5. Self-sufficiency and Dependence:

The STANDARD OPERATION PROCEDURES includes consideration of supplies and services needed during an internal disaster or an external disaster. The supplies and services required in the event of internal or external (including a community-wide) disaster have been identified as being in one of two categories:

- self-sufficient
- dependence on other sources

- Vendor agreements have been secured for those supplies or services in which the nursing home is dependent on other sources.
- Director of Dietary is responsible for vendor agreements on food and water to ensure the availability of seven-day supply for residents and staff.
- Director of Environmental Services is responsible for vendor agreements on oxygen, as well as linen.
- Director of Nursing is responsible for vendor agreements, dialysis, tube supplement feedings and medical-surgical supplies.
- This facility has a 6M Diesel Emergency Generator (125KVA - 100 KW) with a 550 gallon diesel fuel supply which has the capability emergency power for this facility for five days and five nights.
- Transportation (See Evacuation)
- Provisions for continuous staffing until an emergency has abated are based on the positive outcomes from prior emergencies. All staff members will be divided into 2-twelve hour shifts, they will work a twelve hour shift, followed by a twelve hour non-duty time.

**THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

IV. CONCEPT OF OPERATIONS continued

B. NOTIFICATION

1. Every RCHH staff member is educated to notify his or her supervisor immediately (by word of mouth or by telephone) upon becoming aware of any emergency or pending emergency.
2. The process of how Key Management staff will be alerted may vary according to the nature and severity of the emergency.

The DON, Charge Nurse or Department Head is responsible for calling the Nursing Home Administrator, or alternate contact person, and alerting her/him of any emergency that exists or pending emergency.

3. The COO, Nursing Home Administrator, or alternate contact person, will authorize the notification of appropriate key management staff to inform them of the immediate situation, and if necessary to activate the Master Disaster Plan.
4. All Key Management staff who are not on duty, will report to the nursing home as requested. Staff members will be called in by their Department Heads and are to report to their Department Heads when arriving at designated time. Employees will be assigned specific duties at that time.
5. HHRC Residents will be notified by the nursing personnel of the emergency situation in a reassuring manner and nursing personnel will give the residents necessary instructions to provide for their safety.
6. The secondary communication system is comprised of beepers, three cellular telephones; two 2-way radios and one citizen's band base.

A secondary communication system shall be used in conjunction with the telephone system (the primary source of communication). The secondary communication system shall be used as an alternative means of communication in the event of failure of the telephone system (the primary source of communication).

7. Families/Guardians of residents will be notified by telephone of inpatient's transfer or relocation. Appropriate government agencies will be notified of transfer or relocation of residents. All residents will wear identifying name tags. A list of all resident's will be kept, and where they were will be transferred by Social Services, or the Admitting Department.
8. Social Services and or the Admitting Department will notify the families of residents in the event that Hollywood Hills Rehabilitation Center is evacuated with relocation of residents.

**THE REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

IV. CONCEPT OF OPERATIONS continued

C. EVACUATION includes relocation to another facility or partial evacuation which requires relocation of patients from one part of the Hollywood Hills Rehabilitation Center /Hollywood Pavilion physical plant to another part.

1. The Nursing Home Administrator, or designee, and/or the Fire Marshall shall be responsible for initiation of evacuation procedures.

2. TRANSPORTATION This facility has a capacity of transporting 90 persons during a single transport with use of the following vehicles:

- vans which are 14 passenger plus driver for a total capacity of 60,
- van with wheelchair lift plus one passenger and driver
- van with wheelchair lift, when wheelchair is not used fold down seat permit passengers and a driver
- bus/wheelchair lift for a total of 20 passengers (includes 2 wheelchair lockdowns) and a driver

The total capacity is 90 seats; this total includes 7 driver seats and 83 seats for passengers/staff. In the event that evacuation of residents/patients becomes necessary these vehicles will be used for transporting patients who shall be accompanied by HHRC/HP staff who shall provide supportive services.

Staffing during transport shall include, at minimum either a nurse or a CNA or a MHT for each vehicle.

Hollywood Hills Rehabilitation Center has an understanding with American Medical Response. This ambulance company shall provide services in the event that additional vehicles, other than those leased/owned by this facility are necessary to transport residents.

3. If needed, Broward County Mass Transit will provide additional buses to transfer HHRC residents in the event of a non-planned evacuation

HHRC staff shall telephone the County Warning Point (Fire/Rescue) at 954-765-5100 during normal business hours, Monday - Friday, to secure assistance from Mass Transit.

HHRC staff shall telephone Fire/Rescue at "911" after hours and on weekends to secure assistance from Mass Transit.

Each resident's medical record, medications shall be placed in plastic bag with the resident's name placed on the outside of the plastic bag. Specialty medical equipment will accompany each resident on the bus/van and shall be tagged with the resident's name.

Each resident's clothing will be individually bagged and labeled with their name. Food, water, diapers, charts and any other specific residents requirements will be transported by

staff members to the area of relocation.

If it is necessary to evacuate this facility the residents shall be transferred to one of the facilities as listed in the section on Transfer Agreements.

**HOLLYWOOD HILLS REHABILITATION CENTER, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

C. EVACUATION (continued)

5. Hollywood Hills Rehabilitation Center has agreements with Willow Manor, Golfcrest Nursing Home, Sunrise Health and Rehabilitation Center, et al (SEE APPENDIX I)
6. See ANNEXES for the evacuation routes to Memorial Hospital South and/or, Sunrise Rehabilitation Center, Golfcrest Nursing Home, and other facilities having transfer agreements.

The secondary routes are also identified that will be used if the primary route is rendered impassable.

7. Residents shall be moved within 15 minutes for partial evacuation; and in 60 minutes in the event of an extended evacuation. This facility is not in a flood zone and would not have to be evacuated prior to a hurricane arrival.
8. Facility staff will accompany residents to receiving facility on buses provided by facility. Car pooling will be available for additional staff to accompany residents.
9. A log system (RESIDENT EVACUATION LOG) will be utilized to keep track of the residents as they are relocated. This log shall contain the resident's name, identification of vehicle which is transporting the resident; name, location, and telephone number of the location to which the resident is being transferred to; name of the contact person at the receiving facility; the date and time of departure from HHRC; date and time of confirmation of arrival at receiving facility; and date and time of notification of resident's family of the transfer information.
10. The type and amount of provisions that will be sent for each resident to cover a minimum of 72 hours includes:
 - 3 - 6 nightgowns, depending on level of continence
 - 3 sets of daytime clothing apparel
 - 27 Diapers for incontinent residents + 9 Incontinent Pads
 - Med-Surgical supplies
 - Tube feedings for 72 hours

If the disaster is of catastrophic magnitude then all supplies that can be safely moved will be relocated to receiving facilities.

11. The procedure for responding to family inquires about residents, who have been evacuated, the Nursing Home Administrator, Director of Nursing, and Social Worker will each have a copy of the RESIDENT EVACUATION LOG (list and location of evacuated residents). ARCA will be called and given the names of the contact personnel at the receiving facility.

12. The Director of Engineering and COO will be responsible for checking all rooms and securing the facility after all residents are evacuated from the building.

**HOLLYWOOD HILLS REHABILITATION CENTER, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

C. EVACUATION (continued)

13. Medical supplies and provisions shall be pre-positioned when there is an adequate warning of a potential disaster. Hurricane Watch is an example of a warning status that allows for repositioning of medical supplies and provisions.

At the notification of Hurricane Watch all medical supplies and provisions not internally stocked shall be supplied by the vendors as per contract emergency agreements (pharmacy and, dietary). Director of Engineering shall telephone Lank Oil Company (800-LANK-OIL) to confirm post hurricane delivery of diesel fuel from Lank Oil Company as soon as weather and driving conditions permit. Director of Environmental Services shall relocate the emergency line supply from off site storage to this facility.

14. The point at which mutual aid agreements for transportation and the notification of alternative facilities will begin when Director from an appropriate government official has directed the facility to be evacuated (e.g., fire marshal) or the Chief Executive Officer, or designee, has so directed.

D. RE-ENTRY

1. The person(s) with the authority to authorize re-entry to occur is limited to the CEO, (or either the COO or Chief Administrative Officer if serving as a designee) and local/state or federal agencies.
2. The Director of Engineering will physically conduct an inspection of the total facility and operations before allowing re-entry to ensure that the facility is structurally safe. The Director of Engineering will also cooperate with the appropriate community authorities regarding inspection and approval for re-entry.
3. HOLLYWOOD HILLS REHABILITATION CENTER will provide their own facility buses to return residents to the nursing home.

Medical records, medications and medical supplies as well as residents' belongings will be returned to the facility along with residents with identification on all items.

4. The RESIDENT EVACUATION LOG will be used to maintain control over determining the location of all residents. Families of the residents will be notified upon return to facility by Social Services and Admitting Department.

All pre-existing medical orders and flow sheets will be utilized. Physicians will be notified of the residents return to facility.

E. SHELTERING

1. Hollywood Hills Rehabilitation Center has agreements to accept residents from Willow Manor Nursing Home and Golfcrest Nursing Home, as well as the other facilities having transfer agreements.

**HOLLYWOOD HILLS REHABILITATION CENTER, LLC
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

E. SHELTERING (continued)

2. When residents from other nursing homes are received to be sheltered they shall be placed in empty beds throughout facility, e.g., in either the nursing home or the Pavilion.
3. The evacuating facility will be responsible in providing residents' medications, extra water and medical supplies for their stay at Hollywood Hills Rehabilitation Center for a period of 72 hours.
4. Procedures for ensuring 24 hour operation includes: all employees on duty will be divided into two 12 hour shifts (12 hours on duty - 12 hours off duty) thereby ensuring appropriate care for HHRC residents and sheltered residents.
5. Procedures to ensuring the provision of shelter for family members of critical workers: the Activity room and/or the Rehabilitation Therapy room will be utilized as a sleeping area for families, and employees. Family members will be required to supply personal care items; extra linens, sleeping bags, baby food, food and water.
6. The Nursing Home Administrator, Chief Operating Officer, or designee, is responsible for contacting the Agency for Health Care Administration (ARCA) at 904-681-2075 to request a waiver when an emergency creates a situation in which HHRC exceeds its operating capacity. This allows HHRC to sheltering of evacuees when the census exceeds 151 individuals.
7. The hosted evacuees shall be tracked during their stay at HHRC by the Admitting and Social Service Department. A RECEIVING LOG will be utilized with resident's name, contact person, next of kin and physician's phone number.

V. INFORMATION, TRAINING AND EXERCISE

PROCEDURES FOR INCREASING EMPLOYEE AND RESIDENT AWARENESS

- A. Key Workers attend seminars on Life Safety and Emergency Preparedness and have participated in the development of the CEMP. During non-emergency times Key Workers receive additional instruction and experience through planning, executing and evaluating Disaster situations which have occurred in the Nursing Home.
- B. During orientation, every new employee receives education on their disaster related roles. Annually, the Director of Engineering facilitates Life Safety and Emergency Preparedness training to all employees, may utilize instructors from the Hollywood Fire Department and American Red Cross.
- C. The nursing home shall conduct a minimum one mock disaster evacuation drill semi annually. All staff and residents shall receive education prior to the mock disaster drill and

both shall participate in the drill. Both staff, residents and any family present shall be involved in evaluation of the drill. Areas for further training shall be based upon the outcome of the evaluation.

- D. The semi-annual schedule for a Mock Disaster Drill shall be based on the calendar year, with one during the first six months and a second during the last six months.
- E. Key workers monitor the performance of the staff, as well as the patients' response to the drills. The Key Leaders and Department Heads review the performance outcome of the mock disaster evacuation drill(s) and make recommendations, as appropriate, on any deficiencies or opportunities for improvement identified through the monitoring process.

Recommendations based upon observation and evaluation of the Mock Disaster and actual Internal and External Disasters are incorporated into a re-training exercise necessary to reinforce the procedure or strengthen the process identified for improvement.

○ N A Y A ○
a r c h i t e c t s , i n c

October 12th, , 2017

Ms. Natacha Anderson, MSW, C.E.O.
Larkin Community Hospital
1201 North 37th Avenue
Hollywood, FL. 33021

Project Name: HVAC Emergency Generator Addition
Facility Location: Hollywood Hills Rehabilitation Center
Subject: Proposal for Architectural and Engineering Consulting Services

Dear Ms. Anderson,

The following is our proposal to provide Architectural and Engineering Consulting Services for the project mentioned above.

Scope of Work: Provide Schematic Design, Design Development, Construction Documents, Bidding and Contract Administration Services for the Addition of HVAC Emergency Generator at Hollywood Hills Rehabilitation Center.

Proposed Fee: \$ 25,000 Lump Sum

Proposed Fee Distribution:

Retainer	\$ 2,500	(10%)
Schematics	\$ 2,500	(10%)
Design Development	\$ 5,000	(20%)
Construction Documents	\$ 10,000	(40%)
Bidding / Negotiations	\$ 1,250	(5%)
Contract Administration	\$ 3,750	(15%)
Total:	\$ 25,000	100%

Reimbursables: Cost plus 1.15 Multiplier, Not to Exceed \$ 2,500.

Time to Produce: 6 Weeks after Notice to Proceed and Retainer

2100 Ponce de Leon Blvd. Suite 1170
Coral Gables, Florida, 33134

naya@nayaarchitects.com FL AA0002689
Tel: 305-265-7177 Fax: 305-262-8436

Additional Services: Lump Sum or Hourly Basis with prior written authorization

Hourly Rates:

Principal: \$ 225 Per Hour
Project Architect: \$ 155 Per Hour
Project Manager: \$ 155 Per Hour
Engineer: \$ 155 Per Hour
Interior Designer: \$ 100 Per Hour
Drafting / CAD Operator: \$ 85 Per Hour
Clerical: \$ 60 Per Hour

Owner to Provide: As-Built Drawings

Note: This is an AHCA reviewable project.

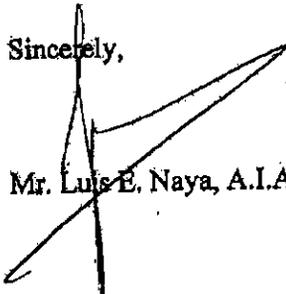
Payment Terms: Within 30 days, after approved invoice

Terms & Conditions: As defined in A.I.A. Document B101 - 2007 / Standard Form of Agreement between Owner and Architect.

If this proposal meets with your agreement, please return a copy signed signifying your approval and as our notice to proceed. Should you have any questions, please contact our office.

As always, we appreciate the opportunity to work with you.

Sincerely,


Mr. Luis E. Naya, A.I.A., LEED AP

Accepted by: _____
Ms. Natacha Anderson, MSW, C.E.O

2100 Ponce de Leon Blvd, Suite 1170
Coral Gables, Florida, 33134

naya@nayaarchitects.com FL AA0002689
Tel: 305-265-7177 Fax: 305-262-6435



CA-09112

GUIROLA & ASSOCIATES P. A .

CONSULTING ENGINEERS

Tel 305-513 9665 Fax 305-513-9680

E-mail: Guiro5@aol.com

July 3, 2017.

To: Mario Tur
Office of Plans and Construction

Ref: Facility Name: Rehabilitation Center At Hollywood Hills, LLC
Project Name: Emerg. Gen. Repl. & Life Safety Upgr.
Client Code/File-Project Sub. Number: 35/100611-108-1

ELECTRICAL:

E-1 Sheet E-1: There shall be surge protection for all emergency electrical services. FBC (2014), 450.3.27.3.

Answer: See revised drawing E-1.

E-2 Provide all low-voltage branch circuits entering or exiting the structure shall have surge suppressors installed for each pair of conductors and shall have visual indication for protector failure to the maximum extent feasible. FBC (2014), 450.3.27.5.

Answer: See notes in revised drawing E-1.

E-3 Provide Panel LS2 schedule. Circuit 18 has been used to provide power for lighting, receptacles and battery charger at the generator site.

Answer: See revised drawing E-1.

E-4 Generator Annunciator Panel. Provide a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 (2012), 6.4.1.1.16 and 6.4.1.1.17, and NFPA 110 (2010), 5.6.6.

Answer: See revised drawing E-1.

E-5 Generator Control Wiring: Provide the control conductors installed between the transfer equipment and the emergency generator shall be kept entirely independent of all other wiring and shall meet the conditions of 700.9(D) (1). NFPA 70 (2008), 700.10(D) (3).

Answer: See notes in revised drawing E-1.

E-6 Provide calculations on the emergency generator system main fuel tank showing that the capacity meets or exceeds the requirement to run the generator for 100-percent load for 64 hours or 72 hours for actual demand of the occupied resident area(s) and resident support area(s) and resident support utilities during and immediately following a disaster, whichever is greater load. The calculations must take into account the unusable fuel at the bottom of the tank. FBC (2014), 450.4.2.9.2.

Answer: See revised drawing E-1.

E-7 Jacket Water Heater: Provide a engine jacket water heater to maintain the generator temperature at a minimum of 90 degrees Fahrenheit to automatically deactivate while the prime mover is running. NFPA 110 (2010), 5-3.1. Provide automatic deactivation of the generator jacket heaters when the engine starts.
Provide documentation showing that the contacts on the relay for disconnecting the engine jacket and battery heaters are rated for the load.

Answer: See note in revised drawing E-2.

E-8 Provide calculations on the generator class 48 main fuel tank low fuel sensor. This sensor must be set when a minimum of 48 hours of fuel remains calculated at full load (100%). The calculations must take into account the unusable fuel at the bottom of the tank. FBC (2014), 450.3.26.1.

Answer: See revised drawing E-1.

E-9 Provide ground fault circuit breaker for the generators main with not trip, only alarm in a 24/7 staffed area as required by NEC 517.

Answer: See revised riser in drawing E-1.

E-10 Provide the generator equipment shall be protected from damage due to lightning in accordance with applicable standards. NFPA 110 (2010), 7.11.4.

Answer: See revised drawing E-1.

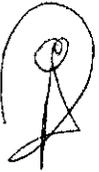
E-11 Provide certification that the new generator will be installed above the 100-year flood plain or hurricane Category 3 (Saffir-Simpson scale) hurricane surge inundation elevations, whichever requires the highest elevation. FBC (2014), 450.4.2.2.2.

Answer: See notes in revised drawing E-1.

E-12 Provide a generator field full load test at the final inspection. NFPA 110 (2010), 7.13.

Answer: See notes in revised drawing E-1.

Best regards



David Guirola P.E.
President

Exhibit 8

JAMES WILLIAMS

Hallandale Beach, Florida 33009 C: [REDACTED]

PROFESSIONAL SUMMARY

Highly effective and responsible maintenance professional with sixteen years (+) of progressive leadership experience in the field of plant maintenance, resident satisfaction, team building and employee training to achieve outstanding results. Seasoned Manager dedicated to bringing organizations to the next phase of growth and development. Diligent and motivated to improve processes, streamline operations and increase revenue.

Accomplished, adaptable, flexible, highly motivated, proactive, reliable and result oriented. Computer savvy, vendor negotiation, complex problem solving, risk management, budget forecasts, customer relations. Enthusiastic team player with a strong work ethic who demonstrates effective leadership in all aspects of the job. Excel at streamlining operations to decrease costs and promote organizational efficiency. Core qualified CEOC (Certified Engineering Operations Executive) with 16 years of healthcare experience in hospital, medical, and care center environments. Dedicated to continuous process improvement in the face of rapidly evolving and changing markets. Dynamic and highly motivated to surpass company goals.

SKILLS

Highly experienced in HVAC, carpentry, plumbing and electrical.	Staff training and development.
Many years of experience with chillers, cooling towers, SCU, air handlers, packing units and boilers.	Employee scheduling.
Exceptional interpersonal communication skills.	Consistently meet goals.
Effective leader.	Efficient multi-tasker.
Budget development.	Project management.
Computer savvy.	Conflict resolution.
Human resources management.	Customer service oriented.
	Organized.
	Deadline oriented.

WORK HISTORY

Director of Engineering, 09/2009 to 06/2014

Vi at Aventura (formerly Classic Residence by Hyatt) – Aventura, FL

Responsible for all maintenance and plant operations for a Type A luxury senior living community with 247 independent units and a 66-bed Care Center. Living space is 354,993 sq. ft; Care Center is 55,772 sq.ft.; common area amenities is 127,092 sq.ft.

Accountable for maintaining essential mechanical, electrical and resident care equipment.

Planned, scheduled and coordinated detailed phases of large-scale projects.

Inspect and monitor all maintenance actions performed by maintenance employees or outsourced contractors to verify completion of work within expected guidelines.

Performed purchasing duties within set budget guidelines.

Partnered with ten other departments to resolve issues and concerns.

Developed team members through training.

Facilitated Safety Committee meetings to ensure compliance with all Federal, State and local safety regulations.

Utilized superior organizational skills to ensure the facilities met the resident's needs while upholding corporate standards.

Trained, coached and mentored staff to ensure smooth adoption of new programs.

Partnered successfully with all departments and clients to produce positive outcomes.

Implemented innovative programs to increase employee loyalty and reduce turnover.

Hired and trained a staff of seven.

Achieved deficiency-free State inspections every year in the position.

Assistant Director of Engineering, 04/1999 to 09/2009

Classic Residence by Hyatt – Hilton Head Island, SC

Served as Interim Director of Engineering in 2003, 2004, and 2006.

Planned, organized and supervised the daily maintenance operation of the community.

Supervised major projects, including renovations and major plumbing improvements.

Effectively managed the financial activities, including monitoring the budget as well as generating revenue for the facility.

Initiated preventative maintenance programs including A/C, heating, fire alarms and life safety systems.

Achieved deficiency-free inspections from State regulators every year in the position.

EDUCATION

Certificate of Completion: HVAC, 2003

Technical College of the Low Country - Beaufort, SC

Certificate of Completion: E.P.A, HVAC, 2005

Licensed Trades of America - Savannah, GA

Certificate of completion: Certified Engineering Operations Management, 2011

CEOC - Orlando, FL

Exhibit 9



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 17, 2016

Mr. Jorge Gabel
Rehabilitation Center At Hollywood Hills, LLC
1200 N 35th Avenue
Hollywood, Florida 33021

RE: Facility Name: Rehabilitation Center At Hollywood Hills, LLC
Project Name: Emerg. Gen. Repl. & Life Safety Upgr.
Client Code/File-Project Sub. Number: 35/100611-108-1

Dear Mr. Gabel:

The construction documents for the referenced project received on 5/12/2016, have been reviewed and are **approved for construction** by the Agency subject to the attached comments. Please note this approval is not permission to construct work that is not in full compliance with the requirements of the Certificate of Need (if any) for this project, and all applicable codes and standards.

Before construction may commence, all required local permits and approvals must be obtained. If construction has not commenced within one year from the date of this letter, this project will be considered abandoned and will be terminated by the Agency. To reactivate the project after Agency termination will require resubmission as a new project.

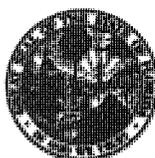
This project must have an onsite survey and approval of the completed construction by the Agency before it can be used for its intended purpose. In approximately six weeks from the date of this letter, the Project Contact Person, as noted on the Plan Review Application, will be contacted by the Office of Plans and Construction to schedule an initial construction survey.

Before this project may be considered completed by the Agency, all deficiencies noted, and all outstanding deficiencies from previous review letters, if listed, must be corrected.

Please submit revisions for all deficiencies to the Tallahassee Office at the below address in the form of addendum, change order or revised contract documents as appropriate. Upon receipt of these documents, another review will be conducted to ascertain the appropriateness of the corrections. Failure to respond timely to these comments can cause a delay to the final completion of this project.

To facilitate all further document reviews of this project, please conform to the following submittal procedures:

1. Provide a transmittal letter with the following information:



Mr. Jorge Gabel
Page 2 of 4
May 17, 2016

RE: Facility Name: Rehabilitation Center At Hollywood Hills, LLC
Project Name: Emerg. Gen. Repl. & Life Safety Upgr.
Client Code/File-Project Sub. Number: 35/100611-108-1

- a. The original review comment number
- b. The original comment
- c. A word description of the revision
- d. The sheet or specification page where correction(s) are located

2. Because this submission constitutes a record public document, proper signing, sealing, and dating by each design professional is required.

If you have questions concerning this review, please contact Arnaldo Gonzalez, architectural reviewer; Carlos Santana, mechanical reviewer; or Humberto Mendoza, electrical reviewer, as appropriate at telephone (305) 593-3095.

Sincerely,

Mario Tur
Office of Plans and Construction
Tel: (850) 412-4477/Fax: (850) 922-6483
E-mail: Mario.Tur@ahca.myflorida.com;

MT/G/gd/cg

CC: Via E-mail

Attachments

CC: Via E-mail Guriola & Associates
 Naya Architects

Exhibit 10



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

August 23, 2017

Jorge Gabel
Rehabilitation Center At Hollywood Hills, LLC
1200 N 35th Ave
Hollywood, FL 33021

RE: Facility Name: Rehabilitaiton Center At Hollywood Hills, LLC
Project Name: Emerg. Gen. Repl. & Life Safety Upgr.
ClientCode/File-Project Sub.Number: 35/100611-108-4

Dear Jorge Gabel:

The revised construction documents dated 7/7/2017, for the referenced project submission received on 7/12/2017 have been reviewed and are **approved** by the Agency without further comment. Please note this approval is not permission to construct work that is not in full compliance with the requirements of the Certificate of Need (if any) for this project, and all applicable codes and standards.

Before this project may be considered completed by the Agency, all outstanding deficiencies from previous review letters, if listed, must be corrected.

If there are outstanding deficiencies listed above, please submit the corrections to the Tallahassee Office at the below address in the form of addendum, change order or revised contract documents as appropriate. Upon receipt of these documents, another review will be made to ascertain the appropriateness of the corrections. Failure to respond timely to these comments can cause a delay to the final completion of this project

To facilitate all further document reviews of this project, please conform to the following submittal procedures:

1. Provide a transmittal letter with the following information:
 - a. The original review comment number
 - b. The original comment
 - c. A word description of the revision
 - d. The sheet or specification page where correction(s) are located
2. Because this submission constitutes a record public document, proper signing, sealing, and dating by each design professional is required.

If you have questions concerning this review, please contact Taghi Afkham architectural reviewer; Nouri Zarifi-Dizaji, mechanical reviewer; or Orlando Padin, electrical reviewer, as appropriate at telephone (305) 593-3005.



Jorge Gabel
Page 2 of 2
August 23, 2017

RE: Facility Name: Rehabilitaiton Center At Hollywood Hills, LLC
Project Name: Emerg. Gen. Repl. & Life Safety Upgr.
ClientCode/File-Project Sub.Number: 35/100611-108-4

Sincerely,



For Mario Tur
Architect Supervisor
Office of Plans and Construction
Tel: (850) 412-4477/Fax: (850) 922-6483
E-mail: Mario.Tur@ahca.myflorida.com

MRT/gy

CC: Via E-mail Guriola & Associates
 Naya Architects



UNITED
STATES
SENATE

NOVEMBER 2018

SHELTERING
IN
DANGER

AN INVESTIGATIVE REPORT
by the Minority Staff of the U.S. Senate Committee on Finance