

Emergency Preparedness Plan and Management Support Manual

Heart to Home, Inc

Version: 4.0

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Office Address:

659 Mulberry Lane
Mendota Heights, MN 55118

24-Hour Phone: 651-454-5250

Fax: 651-433-7117

info@hearttohomeinc.com
team@hearttohomeinc.com

Contact Information

First Contact-Incident Command

Name: Josh Cesaro-Moxley, LALD/Owner

Phone: 651-485-8738

Email: josh@hearttohomeinc.com

Additional Contacts

Name: Angie Burnette, Director of Operations, Emergency Preparedness Coordinator

Phone: 651-888-0573 Personal Cell 507-430-4993

Email: angie@hearttohomeinc.com

Name: Misty Burnette, RN Resource Nurse CNS

Phone: 651-888-1335 Personal Cell 507-430-2620

Email: misty@hearttohomeinc.com

Name: Priscilla Amankwah-Akuffo, RN Resident Care Manager CNS

Phone: 651-888-9364

Email: priscilla@hearttohomeinc.com

Name: Lisa Jones, LPN Resident Care Manager

Phone: 651-763-321-1418

Email: lisa@hearttohomeinc.com

Heart to Home, Inc - Facility Profile

Facility Name: Heart to Home, Inc.

General Phone: (651) 454-5250

Office Address: 659 Mulberry Lane, Mendota Heights, MN 55118

Efax: (651) 433-7117

General Email: team@hearttohomeinc.com

Facility Type: Assisted Living with Dementia Care

Special Populations this facility has capacity to care for: Alzheimer's, Dementia, Hospice, Frail Elderly

Locations

Mendota Manor
(651) 454-4550
659 Mulberry Road
Mendota Heights, MN 55118

Hilltop Manor
(651) 994-9191
595 Mendota Rd
Mendota Heights, MN 55118

Mendakota Manor
(651) 994-2020
2351 Pagel Road
Mendota Heights, MN 55120

Lake Manor
(651) 528-7883
2370 Rogers Ave
Mendota Heights, MN 55120

- o Number of Floors: 2 Floors in each home.
- o Main Level: 6 Resident Rooms. 6-7 Residents per home.
- o Lower Level: Offices and Utility Room
- Electric Company:
 - o Xcel Energy 800-895-4999
- Location of Power Shutoff:
 - o Basement Level – Electrical Panel
- Location of Fire Sprinkler Shutoff:
 - o Basement Level – Utility Room
- Water Source:
 - o Saint Paul Regional Water Service 651-266-6350
- Sewer & Septic:
 - o Saint Paul Regional Water Service 651-266-6350

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Heart to Home, Inc. Emergency Operations Base Plan

Purpose

This Emergency Operations Plan (EOP) represents Heart to Home's commitment to providing and maintaining a comprehensive emergency management program encompassing all services and sites of care provided by our organization. Heart to Home has plans in place and has established the necessary policies and procedures to respond to and recover from incidents, emergencies, or disasters in order to protect the lives and safety of residents and staff. The plan applies to staff, residents, visitors, practitioners, contract workers, and volunteers.

This Emergency Plan is designed to be an "all hazards" plan for a variety of incidents, emergencies, or disasters that have the potential for loss of life, impacts to resident (patient) care, interruptions of services, and damage to property. It is an integrated approach to Emergency Preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities to address those hazards as well as a wide spectrum of emergencies or disasters.

This Plan is an evolving document based on best practices, hazard assessments, and lessons learned via exercises and actual events. It will be implemented when any situation arises that places our residents, staff, or visitors at risk or in jeopardy. This plan supersedes all previous editions of this Emergency Operations Plan.

Scope

This Emergency Operations Plan (EOP) provides an organized process for plan activation, initiating response, managing the overall event, and recovery steps in order to continue providing quality care and services to residents during times of possible or actual service disruption or significant events or emergencies.

This plan supports the Incident Command System by applying the principles of the Healthcare Incident Command System (HICS) operational practices to guide event and resource management during an incident, emergency, or disaster.

This plan is intended to balance identified risks and vulnerabilities against mitigation, preparedness, response, and recovery strategies already in place, and use information gathered in the hazard vulnerability assessment, plan exercises, and actual events for continuous process improvement of the overall plan

Plans and procedures are exercised and implemented for actual events in accordance with CMS Emergency Preparedness Appendix Z, and the principles of the Healthcare Incident Command System (HICS). Plans, exercises, and responses are reviewed to determine functional alignment with these standards.

Objective

Broad objectives of the Emergency Operations Plan include:

- Identifying and assessing vulnerabilities and hazards, which may have a direct or indirect impact

on the organization

- Effectively managing supplies and resources during an event
- Exercising and testing critical program elements to assess program performance, implementing program revisions as necessary
- Providing training and education in order to enhance staff knowledge and response
- Development and maintenance of an emergency communications plan
- Developing the Emergency Plan and ensuring consistency with other healthcare organizations in the community and response partners
- Build operational continuity and contingency planning to allow **Heart to Home** to continue to provide services to those most immediately and severely affected.

Plan Assumptions

This plan is based on certain assumptions:

- Principles of the Healthcare Incident Command System (HICS) will be utilized for exercises and response to actual events.
- Availability of specific health and medical resources and capabilities are subject to change during an emergency or disaster, within the facility or externally.
- Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified may be necessary in order to protect the health and safety of our staff, patients, visitors, and the environment,
- Departures from this Plan in actual emergencies are likely to be required and appropriate. These adjustments will be directed through the incident commander or designee as situationally required.

It identifies that may or may not be available within the facility.

Plan Activation

In an emerging situation it will be the responsibility of the highest-ranking supervisor or staff member on duty to assess the situation and contact the Licensed Assisted Living Director or their designee to receive authorization to activate the Emergency Plan and command center activation as needed.

If the Licensed Assisted Living Director cannot be reached, or the need to respond to the situation is immediate, the highest-ranking supervisor or staff member on duty has the authority to activate the emergency plan and command center operations as required. The highest-ranking staff person on duty will supervise any emergency response until the Licensed Assisted Living Director arrives.

Program Authority

This Emergency Plan is administered under the authority of the Licensed Assisted Living Director who will review and approve this Plan on an annual basis, and as revisions are appropriate due to learnings from training and actual events. The Program Facilitator will implement this plan within the facility under the authority of Licensed Assisted Living Director.

Program Facilitator

Heart to Home recognized that our emergency preparedness efforts are a team-based concept of operations. The position of Emergency Preparedness Coordinator will facilitate program efforts and communication. This position reports to the Licensed Assisted Living Director. Primary responsibilities of the Emergency Preparedness Program Facilitator entail:

- Oversees the Facility emergency management program, functions, interests and activities; provides overall management of the facility's preparedness efforts
- On-going threat and vulnerability risk assessment
- Developing procedures and guidelines as needed to address hazards identified in the hazard vulnerability assessment
- Direction and oversight for emergency management accreditation and regulatory compliance activities
- Identifying and implementing an incident management system and ensuring that appropriate employees have received appropriate training
- Designing and implementing disaster exercises/drills and ensuring continuous improvement and compliance with guidelines.
- Facilitating evaluation of this emergency plan, associated procedures and plan annexes annually.
- Represent Facility at various preparedness exercises, drills, meetings, etc. at the local, regional, and state levels
- Facility representative to the Metro Health and Medical Preparedness Coalition

Roles and Responsibilities:

Department directors, managers and supervisors will be responsible to:

- Develop and maintain department specific emergency response procedures that assist their staff in preparing for and responding to specific emergencies and emergency plan activations.
- Provide staff with orientation and annual education for emergency response plans and procedures.
- Develop and maintain emergency call lists that aid in contacting and notifying staff to return to work in order to support and assist with incidents, emergencies, or disasters.

All staff and employees are required to:

- Know their department specific response plans, and their role in response to the Emergency Operations Plan.
- Participate in educational opportunities, exercises, drills and real events; and to provide their feedback when applicable, during the after-action report/debrief that is held after each exercise and/or real event.
- All staff are considered essential emergency workers and may be reassigned to other duties as needed.

Hazard Vulnerability Analysis

The organization conducts a Hazard Vulnerability Analysis (HVA) annually to identify and assess impact of potential hazards, threats, and adverse events on the facility's ability to provide care, treatment, and services during an incident, emergency, or disaster. Based on this risk assessment we take the following actions:

- Work collaboratively with Dakota County Emergency Management, police, fire departments, public health, and EMS; along with the Metro Health & Medical Preparedness Coalition
- Share our Hazard Vulnerability Analysis, and incorporate other's findings into our HVA planning and mitigation, as it is applicable to Heart to Home, Inc. This includes the regional HVA and Summaries conducted by the Metro Health & Medical Preparedness Coalition.
- The Emergency Preparedness Coordinator working with the Licensed Assisted Living Director and appropriate department leaders, have developed appropriate department specific emergency response plans based on priorities identified as part of our annual hazard vulnerability analysis (HVA).

As necessary, emergency response plans consider, the four phases of emergency management activities:

MITIGATION - Activities designed to reduce the risk of and potential damage due to an emergency (i.e., the installation of stand-by or redundant equipment, training).

PREPAREDNESS - Activities the facility undertakes to organize and mobilize essential resources (i.e., plan writing, employee education, and preparation with outside agencies, acquiring and maintaining critical supplies).

RESPONSE - Activities the facility undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (i.e., control, warnings, evacuations, etc.).

RECOVERY - Activities the facility undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term actions focus on returning all facility operations back to normal or an improved state of affairs.

Plan Review and Update

The organization will review and update this Plan annually, or sooner as changes are identified and plan revisions are necessary. Revisions will reflect changes in procedures, improved methods, identified "best practices", standards, regulations, and changes in availability of resources, corrections due to identified deficiencies, opportunities and/or omissions that were found during drills, exercises, real events or as the result of updates from other plans and policies.

Exercising the Plan

The goal of the organization is to develop and maintain an emergency preparedness training and testing program that is based on the emergency plan. This training and testing program will be reviewed and updated at least annually.

The Plan and other policies and procedures will be exercised in response to actual events or as a planned

drill or exercise, in accordance with guidelines for frequency and scope.

The organization will, as appropriate and required, test this plan annually. The Emergency Preparedness Coordinator, Licensed Assisted Living Director, Clinical Nurse Supervisors, and Department Heads will assist with the planning, coordinating, scheduling, conducting, evaluating and documenting these exercises.

The organization participates annually in at least one community wide exercise with community partners such as the Metro Health & Medical Preparedness Coalition.

Exercise Evaluation

To the extent possible during exercises or actual events, the facility will attempt to appoint evaluators and controllers whose sole responsibility is to monitor performance of components of the emergency operations plan. However, there may be heavier reliance on the hotwash/debrief to gather pertinent information for performance against plan and improvement opportunities.

A hotwash/debrief of exercises and real events will occur as soon as possible after the exercise or event "All Clear" has been announced. In most cases it will be facilitated by the Incident Commander or Emergency Preparedness Coordinator. To the extent possible, the meeting should be multi-disciplinary; with input from all levels, including administration, leaders/staff of clinical and non-clinical and service departments. The debrief/hotwash will capture observations, feedback, things that went well, lessons learned and recommendations for improvement from each key area or activity.

An after action report and improvement plan (AAR/IP) will be developed to accomplish the following:

- Identify best practices and gaps; develop corrective action plans to improve the organization's Emergency Operations Plan and response.
- Modify the Emergency Operations Plan and any other identified plan, procedure or documentation based on the findings from the AAR/IP.
- Subsequent exercises and real events will reflect changes and modifications as described in the Emergency Operations Plan and/or other policies and procedures.

Community Resources Sharing (MOU)

The person in charge will designate a leadership staff person the responsibility of for calling community resources, select vendors, or MOU partners in regard to any needs / collaborations needed due to the emergency / disaster. MOU's will be reviewed annually or as needed, primary contacts will be kept on file with all copies of the Disaster plan.

Electronic Health Records (EHR) / Medical Documents

To ensure continued access to critical resident and employee information in the event of an emergency or disaster, Heart to Home, Inc. will implement the following procedures to safeguard medical records.

Electronic Health Record (EHR) System

- EHR Platform: Residex.ai (Vault address: vault.residex.ai)
- Remote Access: Web-based and accessible on and off-site. All staff, including Administration, on-call nurses, House Managers, and Direct Care Staff will have remote access to the EHR system. These individuals must possess their login information.

Emergency Procedures

- Staff Training: All staff will receive training on emergency procedures related to medical record

access and protection.

- Alternate Access Methods: In the event of a power outage, alternative methods for accessing critical patient information are using the portable power supply or cellular data.

By following these procedures, Heart to Home, Inc. aims to protect the confidentiality, integrity, and availability of resident and employee medical records during and after an emergency.

Community Involvement and Collaboration

Heart to Home, Inc. is integrated into emergency management and response systems within the Twin Cities area, agencies and organizations listed below, and have been an active participant in local, regional, state and federal emergency response planning.

- Metro Health & Medical Preparedness Coalition (Metro HCC)
- Regional Healthcare Resource Center (RHRC)
- Dakota County Emergency Management
- Dakota County Public Health
- State of Minnesota Homeland Security and Emergency Management (HSEM)
- State of Minnesota, Department of Health (MDH)

The Metro Health & Medical Preparedness Coalition comprises hospitals, clinics, long term care and assisted living facilities; public health and emergency medical services; Minnesota Homeland Security and Emergency Management (HSEM), and Emergency Management agencies serving the seven-county Twin Cities metro area. The Coalition is tasked with maintaining a working relationship between public health, emergency medical services, healthcare, and public safety to ensure operational sustainability of healthcare services during a crisis or emergency.

During preparedness, response and recovery operations, the organization may also coordinate and work collaboratively with external response partners including the city and county Emergency Operations Centers (EOC), Regional Healthcare Resource Center (RHRC), state and local public health departments, EMS, fire and law enforcement.

Regional, State and Federal Assistance

In a major emergency, disaster or mass casualty incident, Minnesota may require regional, state and or federal assistance to care for those requiring medical assistance. Pending confirmation that a large-scale emergency or disaster has taken place, the facility will activate the internal response plan for initial care. Typically, facilities will initially work through the Regional Healthcare Resource Center (RHRC) and city/county for state/federal communications and assistance with state and federal agencies.

When deemed necessary by the facility Incident Commander, the facility may contact the following for assistance:

- RHRC for information and assistance from other Metro HCC members.
- City and/or county emergency management offices, as well as the Minnesota State Duty Officer.
- Once the local city/county system is operational, all requests for assistance will be made through the local emergency response system in order to activate state and federal resources.

A multi-agency coordination system (MAC) may be put into place and involves all affected healthcare facilities public health, fire department, EMS, emergency management office, and many others. The primary function of the MAC is to:

- Support incident management policies and priorities
- Facilitate logistics support and resource tracking
- Provide information regarding resource allocation decisions to incident management personnel in concert with incident management priorities
- Coordinate incident-related information
- Coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.
- Provide ancillary services as needed

1135 Waivers

When the President of the United States declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to their regular authorities.

For example, under section 1135 of the Social Security Act, The Secretary may temporarily waive or modify certain Medicare, Medicaid, and Facility Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Training and Education

All facility staff and volunteers are required to complete emergency preparedness orientation and annual refresher training in emergency preparedness policies consistent with their expected roles.

- Courses are available on-line at the FEMA website. They are periodically offered in a class room setting, hosted by the Metro Health & Medical Preparedness Coalition.
- Director and Management staff: It is recommended that director and/or management staff complete the following FEMA guided training:
 - IS 100.c: Introduction to the Incident Command System
 - IS 200.c Basic Incident Command System for Initial Response

Annex A:

Communications

The facility maintains primary and alternate means of communication for use in normal operations and during an incident, event, or disaster. This provides a 24-hour, 7-day per week communications system, with redundancies, providing communication with internal and external contacts. The facility is also enrolled in MNTrac to establish emergency communication with the Metro Health & Medical Preparedness Coalition and the Regional Healthcare Resource Center (RHRC) when activated. The emergency communications plan complies with state, federal, and local laws and is updated annually.

Communication Methods:

- Cell phones
- MNTrac (for Metro Coalition and RHRC)
- NOAA Weather Radio
- Email
- Voicemail
- Two-way radios
- Sling Scheduling App (staff)
- Residex (EHR) for resident updates and staff communication (includes remote access)

Management, Staff and Essential Employees Notification

During an incident/event/emergency:

- **Scheduling Coordinator** is responsible for contacting all staff to report for duty as needed.
- **Clinical Nurse Supervisor** would be responsible for contacting NP's / Physicians as needed.
- **Clinical Nurse Supervisor** contacts nurse employees to report for duty as needed.
- The **Scheduling Coordinator** would be responsible for contacting volunteers as needed

Resident/Family Notification

During an incident/event/emergency:

- Nursing staff are responsible for notifying residents.
- **Clinical Nurse Supervisor** is responsible for contacting family members/guardians.
 - This information is available through our Electronic Health Record (EHR)
- **Clinical Nurse Supervisor or designee** on the unit will call any residents who are out at an appointment or on LOA and keep them advised of the situation and when they can expect to return.

Leadership staff/supervisors who are off-site

- Key leadership have Cell phones to provide for calling and texting during an emergency
- Staff Contact List can be found using Residex Report – **Staff List Emergency** or using Sling Scheduling App – Employees Tab
- Resident Representative contact information is found in Residex under Resident Profile - Contacts or using the report – **Client Contacts**
- Resident Physician contact information is found in Residex under Resident Profile – Resident Resources or using the report – **Resource Professional List** or **Resources Active**.
- House specific critical phone numbers and vendor supply list is attached to this plan

Annex B

Emergency Resource Call List

The type of incident/emergency/disaster dictates who will be contacted in an emergency. If unsure, always start with the local emergency response system and first responders.

Contact	Name	Number
Local Emergency Response System		911
Facility Contacts:		
General Line	Heart to Home, Inc	651-454-5250
Licensed Assisted Living Director	Josh Cesaro-Moxley	651-485-8738
Local Electrical Power Provider	Xcel Energy (Gas and Electric)	800-895-4999
Fire Alarm System	Always Secure Alarm Protection	612-366-2050 612-728-0000 office
Sprinkler System	Viking Sprinkler	651-558-3300
Heating/Cooling	Academy Heating & AC	651-248-1333
Heating/Cooling (Primary)	Binder Heating and Cooling	651-457-8781
Electrical	Aspen Electric (Jeff, Sharon, Rose)	952-890-6364
Plumbing	Janecky (Dave/Shelly)	651-454-9297 651-755-5158
Security Systems/Camera Systems	Always Secure Alarm Protection – (Gordy)	612-366-2050 612-728-0000 office
Appliance Repair	Plaza TV & Appliance (Scott)	651-457-1196
Lawn Service/Snow Removal	Village Lawn Service (Dan)	651-455-0971
TV/Phone/Internet	Comcast	651-222-3333
Medical Equipment & Repair	APA Medical	612-722-9000
Garage Door Repair	Elite Garage Door	612-605-4587
Insurance	Insurance by Design (Luann or Scott)	952-808-7002
Painting and Drywall Repair	Ojeda Drywall & Painting	651-443-9632
External Contacts:		
Fire Department (first responders)	Mendota Heights	911 Non-Emergency 651-452-1850
Police/Sheriff's Department	Mendota Heights	911 Non-Emergency 651-452-1366
City Hall	Mendota Heights	651-452-1850
Local Public Health Department	Dakota County	651-554-6100 Public.health@co.dakota.mn.us
Poison Control 24 Hr Helpline		800-222-1222
Regional Healthcare Resource Center (RHRC)	Metro Health & Medical Preparedness Coalition www.metrohealthready.org	612-873-9911
	Emily Moilanen Emily.moilanen@hcmed.org	763-286-5839
	Chris Chell Christine.chell@hcmed.org	
	Seth Jones Seth.jones@hcmed.org	
MN Dept of Health		651.201.5000 (Metro) 800-369-7994 (toll free)
MN Duty Officer		651.649.5451

		800.422.0798
FBI Field Office		612.376.3200 (MN)
CDC BT Emergency Hotline		770-488-7100
Office of Ombudsman		651.757.1800 (metro) 1-800-657-3506 (toll free)
CDC Hospital Infections Program		404-639-6413
Local Red Cross Office		612.871.7676
Local FEMA Office		312.575.3954
FEMA Help Line	P.O. Box 10055 Hyattsville, MN 20782-8055	800.621.3362
Voluntary Organizations Active in Disaster (VOAD) MN VOAD VOAD (National Vol. Disaster)		Minnesota VOAD Can contact MN Duty Officer also Nvoad.org
National Weather Service	Chanhassen, MN	952.361.6670

Annex C

Critical Functions Staffing Plan

1. Introduction

This appendix outlines the procedures and strategies for ensuring that critical functions are maintained during an emergency or disaster. It defines critical functions, the impact of their loss, and the maximum tolerable downtime. Additionally, it details how volunteers and designated health care professionals will be utilized to address staffing needs during an incident.

2. Critical Functions Overview

Critical functions are those that are essential to the care and well-being of residents in our facility. These functions must be maintained during an emergency to ensure the safety and health of all residents.

Critical Function	Loss of Function Impact (Catastrophic, Critical, Marginal)	Maximum Tolerable Downtime (Immediate, 10M, 30M, 1Hr, 2Hr, 4Hr, 8Hr, 12Hr, 24Hr, 48Hr, 72Hr, 96Hr)
Critical Nursing Services (Neb Admin, Wound Care, Tube Feeding etc)	Critical	<1 hour
Medication Administration	Catastrophic	<1 hour
Administrative Functions	Marginal	48 hours
Food Service	Critical	2 hours
Personal Care, Grooming, Toileting, Dressing, Hygiene	Critical	2 hours
Physical Plant Maintenance/Repairs	Marginal	48 hours
Activity Services/ programs	Marginal	48 hours
Housekeeping Services	Marginal	12 hours
Laundry Services	Marginal	24 hours

3. Use of Volunteers

Volunteers play a critical role during emergencies, supplementing the workforce to ensure continuity of care and services. During an emergency, volunteers may be assigned to the following roles:

- Assisting with non-medical personal care services (e.g., grooming, toileting)
- Supporting food service operations (e.g., meal distribution)
- Providing companionship and activity support to residents
- Helping with communication between residents and their families

4. Emergency Staffing Strategies

In the event of staffing shortages, the following strategies will be employed to ensure that critical functions are maintained:

- **Cross-training of staff:** Staff members will be cross-trained in essential functions to provide flexibility in their deployment during an emergency.
- **Utilizing part-time and per diem staff:** Part-time and per diem staff will be called upon to cover critical functions as needed.
- **Adjusting shift lengths and schedules:** Shifts may be extended, and schedules adjusted to maximize staff availability.

5. Integration of Designated Health Care Professionals

During an emergency, there may be a need to integrate additional health care professionals to manage the increased demand for services. The integration process will involve:

- **Coordination with local health care providers:** Establishing partnerships with local hospitals and clinics to bring in additional health care professionals.
- **Role designation:** Designated health care professionals will be assigned specific roles based on their expertise, such as providing specialized nursing care or assisting with medication administration.
- **Orientation and training:** Incoming health care professionals will receive a rapid orientation to the facility's procedures and emergency protocols.

6. Conclusion

This Critical Functions Staffing Plan ensures that essential services are maintained during any emergency. It leverages available resources, including volunteers and external health care professionals, and provides a clear framework for the continuity of operations.

Annex D

Provision: Essential Supply Planning

Food and Water Supplies

The facility shall maintain a 5-7 day supply of non-perishable food and water for residents and employees in the event of an emergency. The supply should be sufficient to accommodate a minimum of 10 people at all times, with the quantity adjusted based on the actual number of residents.

Vendor Information:

- **Name: Wal-Mart**
- **Address: West St. Paul, MN**
- **Phone: (651) 453-0343**

Medication Supplies

A one-week supply of all necessary medications for residents shall be maintained on-site. This includes daily medications, insulin, oxygen tanks, and as-needed medications.

Vendor Information:

- **Name: Thrifty White**
- **Address: 6701 Evenstad Dr N, Maple Grove, MN 55369**
- **24 Hour Emergency Phone: (763) 463-4400**
- **24 Hour Emergency Email: P762@thriftywhite.com**

Essential Supplies

The facility shall maintain a stockpile of essential supplies for use during an emergency. These supplies shall include:

- Flashlights and Lanterns
- Portable Power Supply (Jackery)
- Extra batteries
- First aid kit
- Battery-powered radio or Crank radio
- Extra blankets
- Hygiene supplies: soap, hand sanitizer, toilet paper, baby wipes, toothpaste, toothbrushes, etc.
- Sanitation supplies: disinfectant wipes, bleach, garbage bags, rubber gloves, incontinence products, etc.

Annex E
Evacuation Plan (Shelter-in-Place, Evacuation)

Shelter-in-Place

1. Assessment and Notification

- Hazard Assessment: The healthcare facility Incident Command will determine if the facility faces an internal, external, or combined hazard.
- Shelter-in-Place Decision: If an internal and/or external environmental hazard necessitates shelter-in-place, the Incident Command will:
 - Notify local authorities via 911, if appropriate.
 - Assess the need for environmental engineering interventions.
 - Collaborate with response agencies (or establish a Unified Command) to determine:
 - How to protect residents, staff, and visitors (e.g., relocation to a secure area).
 - How to protect the building based on the hazard and its impact.

2. Secure the Facility

- Initiate a building lockdown procedure.
- Instruct all staff, residents, and visitors to remain inside until further notice.

3. Extended Shelter-in-Place

If shelter-in-place is expected to exceed 24 hours, implement the following:

- Resource Conservation: Inform all departments of the need to conserve resources.
- Operations: Activate the Incident Command System to manage the incident.
- Planning:
 - Develop resident management plans.
 - Create a workforce plan addressing staff needs during the shelter-in-place.
 - Establish primary and backup communication plans.
- Liaison and Communication:
 - Coordinate communication with local emergency management, fire, law enforcement, public health, EMS, human services, and the Emergency Operations Center (EOC).
 - Designate a Public Information Officer to manage all communications through the EOC.
- Logistics:
 - Request additional resources and supplies through local emergency management.

4. Department Responsibilities

Within one hour of Incident Command activation, each department head/critical function must provide the Logistics Chief with:

- Available resources.
- Expected resource duration.
- Contingency plans for resource conservation.

5. Termination of Shelter-in-Place

- Determine when it is safe to end the shelter-in-place in collaboration with response agencies (Unified Command).
- Identify necessary steps to resume normal operations.
- Notify local authorities of the shelter-in-place termination.

Annex F

Evacuation

This evacuation plan outlines procedures for Heart to Home, Inc. to follow in the event of an emergency requiring evacuation of residents and staff. The plan emphasizes clear roles, responsibilities, communication, and accountability to ensure the safety and well-being of all individuals during and after an evacuation.

Chain of Command and Roles

- LALD (Leadership, Administration, or designated individual) is the primary decision-maker during an emergency.
- Staff on duty will initiate emergency procedures and collect medications and records.
- Management will arrange transportation to the host facility.
- All staff will assist residents in evacuation, secure them in transportation, and conduct headcounts.
- Designated staff will secure medications and supplies for transportation.

Emergency Procedures

Evacuation:

- Emergency Declaration: LALD declares an emergency and initiates the chain of command.
- Staff Activation: All staff are alerted to the emergency and begin their assigned tasks.
- Medication and Record Collection: Staff gathers all necessary medications and resident records.
- Transportation: Management secures transportation to the designated host facility.
- Resident Evacuation: All staff assist residents, prioritizing those with mobility limitations, in exiting the facility and boarding transportation safely.
- Headcount: Staff conducts a thorough headcount of residents and staff before departure.
- Medication and Supplies: Designated staff secures medications and essential supplies for transportation.
- Departure: Once all residents and staff are accounted for and secured, the convoy departs for the host facility.

Notification:

- Warning Reception: Heart to Home monitors radio, television, and telephone for emergency alerts.
- Staff Notification: Key staff are immediately notified by telephone or other reliable means.
- Resident Notification: Residents are informed calmly and reassuringly about the evacuation, prioritizing their safety.
- Host Facility Notification: Host facilities are contacted as soon as possible to coordinate the evacuation.
- Family Notification: Families are notified of resident location upon arrival at the host facility.

Transportation and Logistics

- Transportation: Heart to Home provides transportation for residents and staff.
- Essential Items: Medications, records, and essential supplies are transported with residents.
- Staff Assignment: Staff members are assigned to accompany residents to the host facility.

- Headcounts: Headcounts are conducted before and after transportation to ensure everyone is accounted for.
- Resident Care: ALF staff provides ongoing care for residents at the host facility until the emergency is over.

Re-entry

- Authorization: The Administrator authorizes re-entry to the ALF after receiving clearance from authorities.
- Building Inspection: The facility is inspected by county, building, and fire officials to ensure safety.
- Return Process: The same procedures as evacuation are followed for returning residents and staff, including headcounts.

Annex G

Fire Safety and Evacuation Plan

1. PURPOSE

- To provide essential information to all staff at Heart to Home, Inc. relative to fire/life safety to help ensure a prompt and effective response in case of emergency for the benefit and well being of all residents, visitors and staff.
- To provide for a uniform fire response and evacuation plan for Heart to Home, Inc. which must be learned and regularly practiced by all staff.

2. RESPONSIBILITY

- Responsibility for development, implementation and maintenance of this policy rests with the facility safety team.
- This policy shall be reviewed annually and updated as necessary.
- Responsibility for ensuring that all staff and employees receive training on their responsibilities as outlined in Heart to Home, Inc. fire safety and evacuation plan at time of orientation and at least twice annually thereafter rests with the facility safety team.
- Responsibility for planning and conducting fire drills rests with the facility safety team in coordination with House Managers.

3. POLICY

- All staff and employees of Heart to Home, Inc. shall be familiar with fire safety information and evacuation techniques applicable to health care institutions for the safety of residents, visitors and staff. For the purpose of this policy, all volunteers and vendors in the building shall be considered visitors.
- All staff and employees of Heart to Home, Inc. shall know and be able to respond and implement the fire procedure and evacuation plan of Heart to Home, Inc.
- All staff and employees of Heart to Home, Inc. shall participate in regularly scheduled fire drills, fire safety orientation, and other general fire safety programs.
 - All staff and employees shall be trained in appropriate staff response to a fire emergency.
 - All new staff and employees shall receive fire safety orientation which shall include:
 - Employee responsibilities
 - Fire prevention
 - The fire detection and extinguishing systems
 - Fire plan protocols including RACE (Rescue, Alarm, Confine, Extinguish/Evacuate)
 - Heart to Home, Inc. shall orient new staff and employees to the fire detection and extinguishing systems located in their departments.

- All staff and employees will be in-serviced annually on fire plan protocol.
- Fire drills shall be planned by the House Manager in coordination with the facility safety team and held in such a manner that at least one drill is scheduled for each work shift during each calendar quarter. Fire drills shall involve a simulated evacuation of all residents to a safe assembly point outside of the simulated fire origin.
 - Patients/residents who are capable of assisting in their own evacuation shall be instructed in evacuation routes and techniques and may participate in drill exercises.
 - All fire drills will be observed and recorded by the House Manager, facility safety team or designated representative.
 - The results of fire drills shall be documented. Any deficiencies noted during a fire drill will be discussed immediately with applicable personnel. Such deficiencies in drill completion will be documented and presented to the Safety Committee.
 - Fire drill deficiencies will be used to develop in-services for departments.

4. GENERAL FIRE SAFETY INFORMATION

- Help prevent fires. Good housekeeping is the best assurance against fire. Do all you can to maintain order and a high state of cleanliness in the interest of fire safety. Make it a habit to watch for fire hazards and report them to your supervisor or the facility safety officer.
- Be alert for signs of fire. If you see or smell smoke, report it immediately for investigation. Early detection means prompt extinguishing of fires. Form habits of watchful care. Above all be especially alert at night as help is in smaller numbers on that shift.
- Avoid panic. Never shout FIRE or any other danger signal. One of the greatest dangers in a fire event is panic. Never alarm the residents by excited motions. They look to you for protection. Appear calm, cool and collected and move with assurance.
- Know your fire plan and the location of all extinguishers and fire alarm pull stations so that in case of emergency you can act quickly.
- Fire extinguishers are easily accessible and located throughout the facility. Heart to Home, Inc. utilizes mainly ABC multi-purpose fire extinguishers that can be used for a variety of fire situations.
 - The building is equipped with what is called an addressable fire alarm system that includes automatic smoke detection.
 - The fire alarm system is connected to an "automatic dialer" or digital communicator. Upon actuation of the fire alarm system, this dialer automatically dials a monitoring agency and gives them a recorded message. This helps to insure a quick response by our local fire department. However, when you discover a fire, the person discovering the fire should also immediately call "911" as an added precaution in case the automatic equipment should fail.

- The building is protected by an automatic fire sprinkler system, which is inter-connected with the building fire alarm system.
 - Know evacuation procedures and methods of moving patients with limited help. The escape route will, of course, depend on the location of the actual fire.
 - Special consideration must be given to those residents with mobility impairments or who are impaired by medications or with loss of hearing, vision or other sensory functions to ensure that they receive notification, assistance and immediate attention when in endangered areas.
 - Residents and visitors should be evacuated according to their physical condition. Evacuation should be in this order:
 - Patients/residents and visitors in immediate danger.
 - Ambulatory patients/residents and visitors.
 - Wheelchair patients/residents and visitors.
 - Bedridden patients/residents and visitors.
 - If evacuation by wheelchair is not feasible, the following methods shall be used for evacuating non-ambulatory persons:
 - HIP CARRY – One person carrying one patient/resident (only when necessary).
 - SADDLE CARRY – Two persons locking hands and wrists to form a chair.
 - EXTREMITY CARRY – Two persons, one at the top of the victim; the other between the legs at the knees.
 - BLANKET DRAG – Lowering the patient/resident onto a blanket on the floor and pulling them to the area of refuge.
 - Ambulatory residents shall be instructed to crouch below the smoke level and be assisted to safety.
- To the extent possible, corridors shall be kept free from obstructions at all times. While federal fire/life safety standards allow some wheeled equipment in corridors (e.g. carts in use, patient lifts, isolation carts, etc.), this equipment should be promptly removed from the corridor when the fire alarm is sounded as it could interfere with a prompt and safe evacuation. Rescue of persons in immediate danger shall, however, take precedence over clearing the corridors.
 - Never block fire exits. Do not leave chairs, over-bed tables, wheelchairs, or housekeeping or medication carts in front of fire exits.
 - Never use wedges or other hold-open devices to prop open doors.

5.. STAFF ACTION - IMMEDIATE FIRE PROCEDURE AND EVACUATION

- IF YOU DISCOVER FIRE OR ARE ALERTED THAT FIRE IS IN YOUR AREA, FOLLOW THESE STEPS:
 - **R.A.C.E.:** Remember R.A.C.E. **Rescue, Alarm, Confine, Extinguish/Evacuate.**
 - **Rescue:** Move residents and visitors from immediate danger to a location outside the room of fire origin. You should bring the residents to the front patios as a staging area.
 - **Transmission of Fire Alarm to Fire Department:** The person discovering the fire will call “911” to give the Fire Department the location of the fire and the best entrance to use when they arrive. The automatic dialer will notify the alarm monitoring company, who will in turn notify 911 Emergency Dispatch.
 - **Isolation of Fire:** Close all resident room doors to prevent the spread of fire and smoke. This has been shown to be the single most effective action staff can take to limit the spread of fire and smoke. Shut off oxygen tanks or compressors in the fire area.
 - **Evacuation of Immediate Area:** Remove any resident or other person from immediate danger. Residents restricted to bed shall be removed utilizing emergency evacuation procedures such as 2-person transfer to wheelchair, saddle carry, extremity carry or blanket drag.
 - **Evacuation to Assembly Point:** Close resident room doors behind you as you evacuate residents. Clear hallways of all obstructions. Evacuation meeting place will be streetside next to the house driveway.
 - **Extinguishment of Fire:** One designated staff may help fight fire using portable fire extinguishers if safe to do so -**this should be done as a last resort.** Remember P.A.S.S. – **P**ress, **A**im, **S**queeze and **S**weep when using fire extinguishers.
 - **After Fire Area is Evacuated:** Staff will assure the safety of all residents and employees by checking to see that everyone has been evacuated. Staff will conduct a head count in the area to which the residents have been evacuated to ensure all individuals are present.
 - **Arrival of Fire Department** Heart to Home, Inc. staff will meet and direct the first fire unit. Let them know if everyone is out, or the location of individuals still inside. If needed, share the resident evacuation status with first responders. Instructions for obtaining resident evacuation status are below.
 - **Telephone Assisted Living Director if not on site.**
 - **Examination of Residents** Conduct an examination of all residents to determine if any injuries were sustained during the fire or in the evacuation.

Notify the Fire Department's Incident Commander who will assess and arrange for treatment as appropriate. During cold weather months, the emergency bin located in the garage will be utilized for evacuation. This bin contains supplementary blankets, hats, and warming packs. If access to the garage is compromised or unsafe, an emergency bin will be retrieved from an alternate Heart to Home facility.

- **All Clear:** No one shall reenter the fire area until the fire incident commander has given an ALL CLEAR. Obtain information about the condition of the facility and to receive permission to reenter unaffected sections of the building to obtain resident medications, and/or other emergency supplies.
 - **Maintenance and Administration:** All maintenance and administration staff shall immediately respond to the fire event location to assist with evacuation and extinguishment of the fire to the extent safely possible to do so. Portable fire extinguishers are located throughout the facility corridors.
 - **Prolonged Evacuation or Abandonment of Building:** In the event of a transfer to another Heart to Home facility, Metro Mobility or Darts will be utilized. If these transportation services are unable to arrive promptly, staff and management vehicles will be used. The transfer of non-ambulatory residents will be conducted using a mechanical lift from the garage or by employing two-person transfer techniques.
- A fire may originate in a storeroom or other unattended location, which may set off a smoke or heat detector or automatic fire sprinkler and activate the building fire alarm system. If the alarm sounds and no one has reported a fire, staff shall follow the procedures identified in the Immediate Fire Procedure.

6. RESIDENT ACTION FOR RESIDENTS WHO ARE INDEPENDENTLY ABLE TO EVACUATE

- For residents who are able to independently evacuate the building - at the sound of a fire alarm they will be instructed to leave the building via the front door evacuation route and assemble on the front patio until staff can evacuate them further to the Assembly Point (streetside next to the house driveway).

7. ACCESSING RESIDENT EVACUATION STATUS

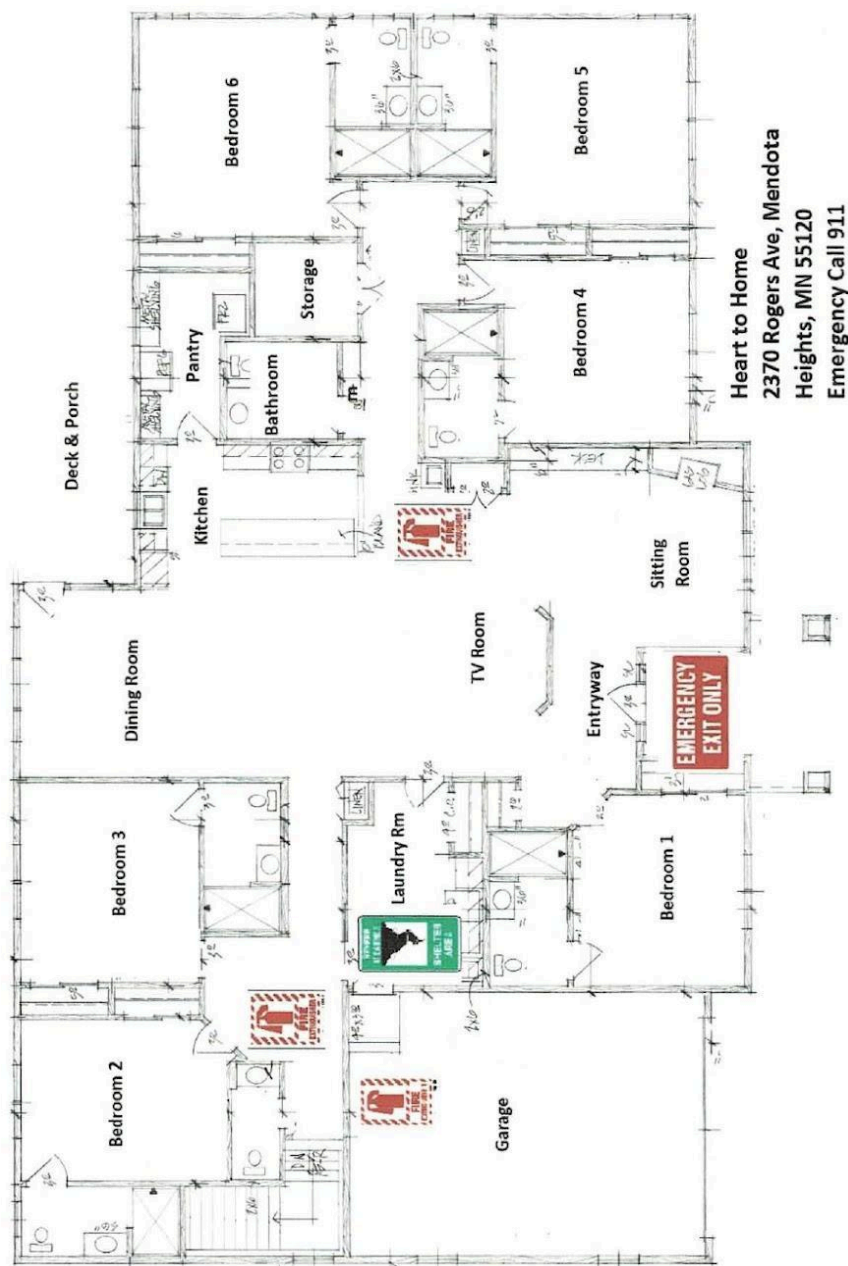
- To obtain resident evacuation status follow these instructions:
 1. Login to Residex <https://app.ehr.residex.ai/>
 2. Click on resident profile

3. Click on RED Emergency File Box below resident photo to populate records
4. On the Resident Face Sheet see Evacuation Status

8. BUILDING EVACUATION- FACILITY UNSUITABLE FOR OCCUPANCY

- If it is determined, however, that some or all of the facility may not be suitable for occupancy, partial or total evacuation may be warranted.
- GENERAL EVACUATION OF THE ENTIRE BUILDING WILL BE DONE ONLY UPON ORDERS FROM ADMINISTRATION OR THE FIRE DEPARTMENT INCIDENT COMMANDER.
 - **Decision to Evacuate:** Factors upon which the decision to evacuate include, but are not limited to:
 - Structural Integrity of the Building (following an episode such as an explosion, an extended fire event, or a weather-related event).
 - Emergency/Life Threatening Conditions (e.g. widespread fire, large amounts of smoke, chemical or gas releases, etc.)
 - **Assembly Points:** All building occupants will be evacuated streetside next to the house driveway where they can be loaded onto ambulances, buses or other appropriate transportation for transport to another Heart to Home, Inc property.
 - **Off-site Facilities:** Administration will coordinate confirmation /acceptance / and transfer of patients/residents to off-site facilities if needed.

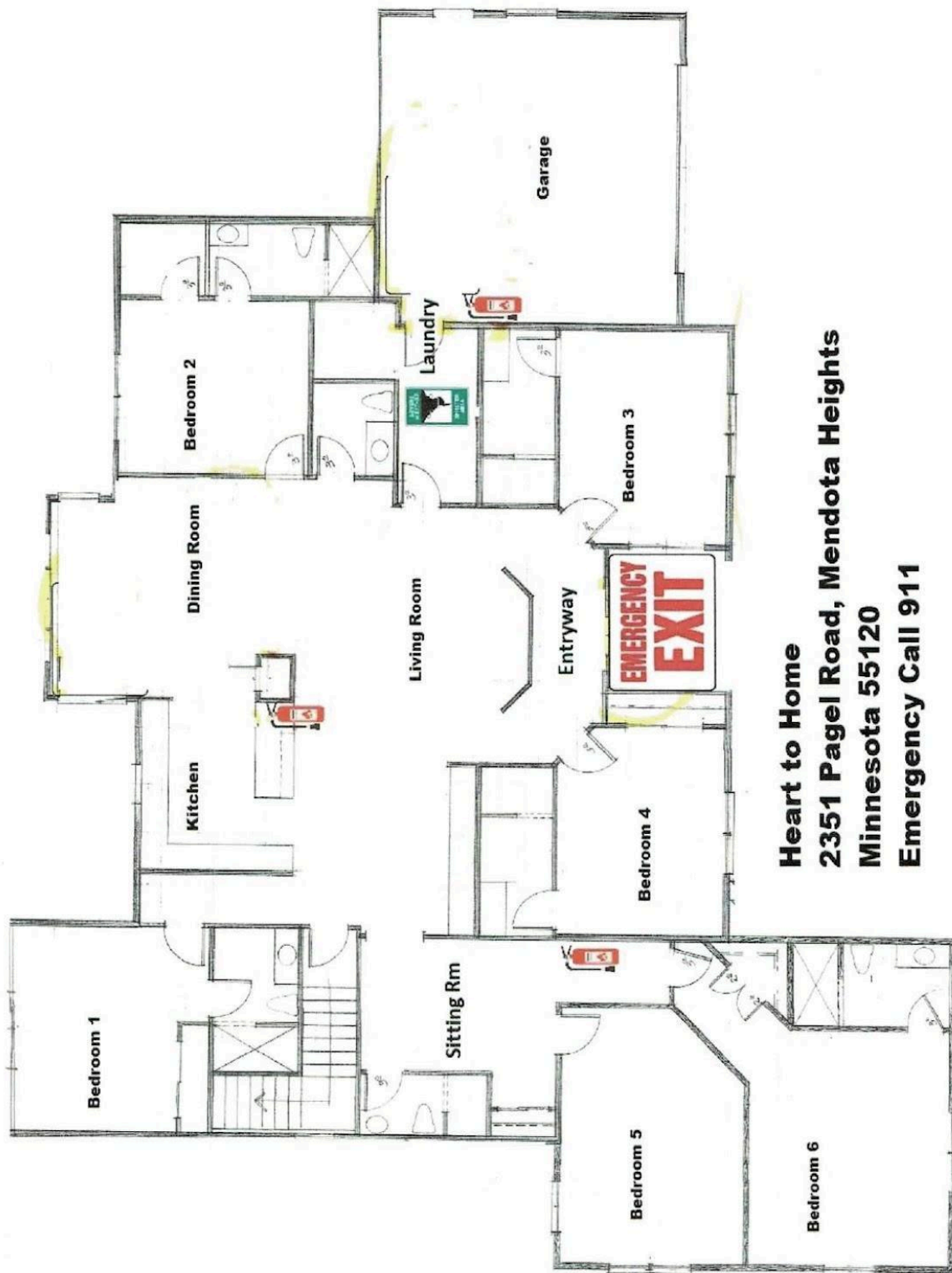
Annex H



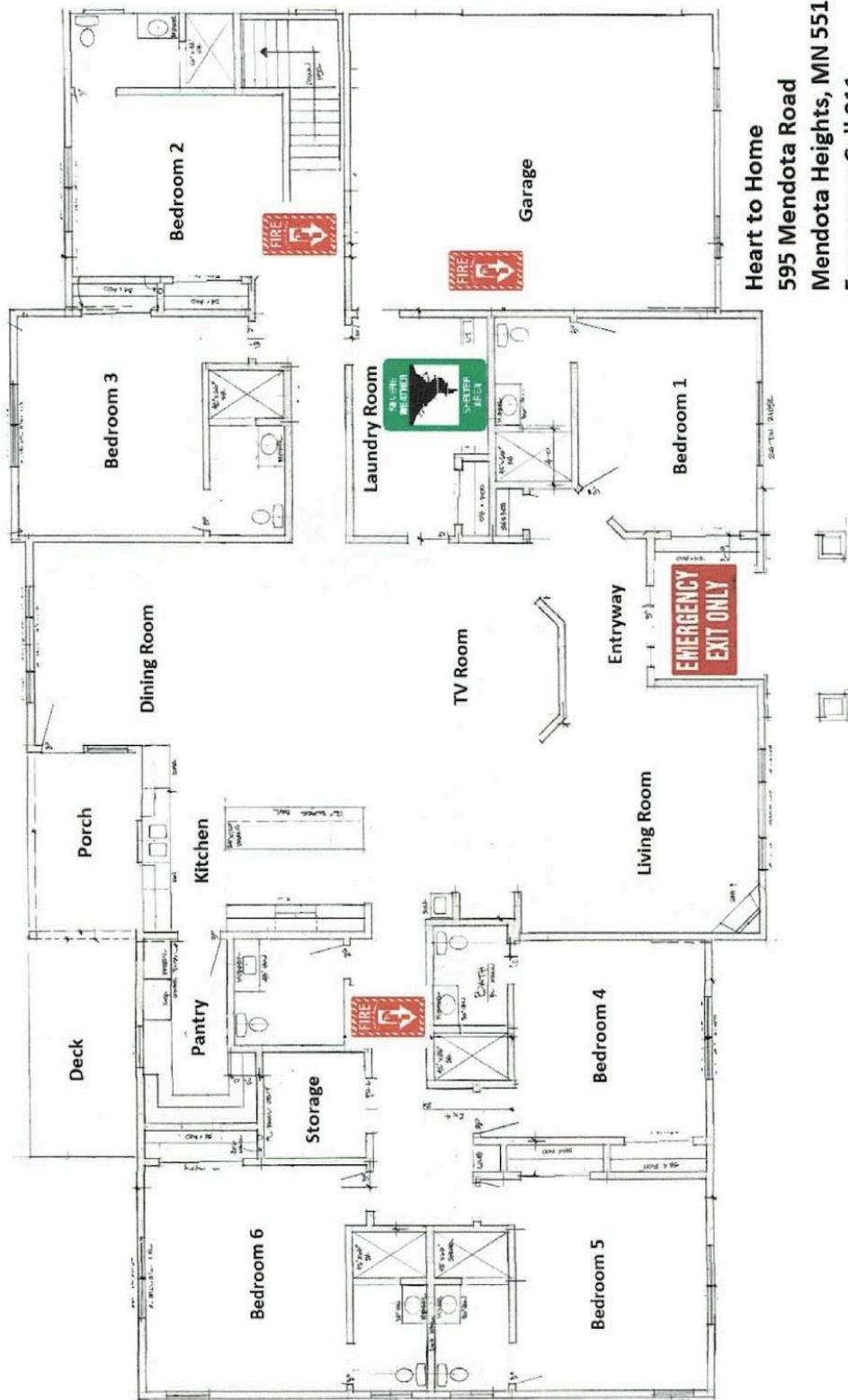
Heart to Home
2370 Rogers Ave, Mendota
Heights, MN 55120
Emergency Call 911

Heart to Home
659 Mulberry Lane
Mendota Heights, MN 55118
Emergency Call 911





Heart to Home
2351 Pagel Road, Mendota Heights
Minnesota 55120
Emergency Call 911



Heart to Home
 595 Mendota Road
 Mendota Heights, MN 55118
 Emergency Call 911

Annex I

Mutual Aid Facilities - Contact List

A Helping Hand Senior Care Services LL

Jama Mohamod
jama@ahelpinghandsenior.com
3223 14th Ave. S. #4 Minneapolis MN 55407

Arthur's Residential Care

Deb Nygaard
651-294-4798
deb.nygaard@acrhomes.com
1854 Alta Vista Drive Roseville MN 55113

Breck Homes

Jennifer Morgan
612-702-8801
morgan-ranke@msn.com
312 West 95th Street Bloomington MN
55420

English Rose Suites

Tiffany Gomez
612-720-3527
tgomez@englishrosesuites.com
1708 Pondview Terrace, Wazata MN 55391

Gianna Homes

Cari Doucette
952-210-8836
Cari@giannahomes.org
4605 Fairhills Rd East, Minnetonka, MN
55343

Golden Star

Huriya
(612) 772-6733
goldenstar1@gmail.com
8143 Ivywood Ave S, Cottage Grove, MN
55016

Grace Homes Darla Thao

952-641-5012/952-525-0506/209.600.5292
dthao@matrixhomehealthmn.com
6900 Shady Oak Rd, #216, Eden Prairie, MN
55344

Hands Care LLP

Gloria Macroe
612-306-6157
handscare2@outlook.com
1065 Dennis Street S Maplewood MN 55119

Heart to Home

Josh Cesaro-Moxley
651-485-8738
josh@hearttohomeinc.com
659 Mulberry Lane, Mendota Heights, MN
55118

Honesty Care Home

Khalid Gabeyre
612-442-4395/952-225-0512
info@honestycarehome.com
5540 Lindsay Street, Golden Valley, MN
55422

LuAnn's Place

LuAnn Fehn
952-334-9272
luannsplace@gmail.com
6660 West 175th Ave, Eden Prairie, MN
55346

Prelude Homes & Services

Angela Elwell
651-501-6506
aelwell@preludecares.com
355 Commerce Ct., Vadnais Heights, MN
55127

Probiity Home Healthcare

KC Tonye
612-806-1816
probiityhomehealthcare.mn@gmail.com
8648 Platinum Dr, Woodbury, MN 55129

Spirit Care Homes

Ilitch Diaz-Gutierrez
612-466-3786
ilitch@spiritcarehomes.com
3727 Shady Oak Road, Minnetonka, MN

Renewed Spirit Residential Care

Anthony Gjorvad
651-226-7123
anthonyg@kindredsupports.com
319 Bellwood Avenue, Maplewood,
MN55117

The Lodges Company

Janet Gibson
612-200-0901 612-524-5494
janet@thelodgesco.com
1412 Summit Oaks Drive, Burnsville, MN
55311

Annex J**Evacuation Headcount Log**

Resident or Staff Name	Where are they located	Contact info for new location	Medical Equipment

Annex K

Power Loss

Heart to Home, Inc. is committed to ensuring the safety and well-being of our residents during a power outage. This policy and plan outline the procedures to be followed in the event of an electrical disruption.

Policy

Our primary goals during a power outage are:

- **Resident Safety and Comfort:** Maintaining a safe and comfortable environment for all residents through alternative measures.
- **Communication:** Keeping residents, families, and emergency personnel informed of the situation.
- **Food Safety:** Protecting food supplies and minimizing spoilage.

Plan

Immediate Action:

1. **Alert:** Upon a power outage, staff will immediately notify the Licensed Assisted Living Director (LALD) or maintenance personnel.
2. **Assessment:** The LALD will assess the situation and determine the appropriate course of action.
3. **Resident Communication:** Staff will inform residents about the power outage and reassure them of their safety.

Extended Power Outages

Food Safety:

- **Refrigerated Food:** If the outage is expected to be prolonged (longer than 4 hours), staff will coordinate with another Heart to Home location to transfer perishable food for storage in their functioning refrigerators.
- **Meal Preparation:** Arrangements may be made to prepare meals at an alternate Heart to Home location or utilize a food delivery service for prepared meals.
- **Emergency Food Supply:** A 5-7 day supply of non-perishable, easy-to-prepare food items will be available. Examples include canned goods, high-protein bars, granola bars, and dried fruit.
- **House Managers:** House managers are responsible for maintaining an inventory of emergency food and water supplies.

Resident Care:

- **Electronic Charting:** Staff will utilize personal phones with internet access for electronic charting during the outage. A portable power station may be used by staff to charge personal devices.
- **Assistive Devices:**
 - **Lifts:** A portable power station will be used to charge lift batteries.
 - **Electronic Mattresses:** Beds with electronic air mattresses will be switched to regular mattresses for the duration of the outage. Manual bed cranks for raising and lowering beds are readily available in the garage of each home.
 - **Medical Devices:** The portable power station will be used to power essential medical devices as needed.

Energy Conservation:

- **Critical Equipment:** Staff will identify essential equipment for resident care and safety that requires electricity (e.g., some medical equipment, lighting in designated areas).
- **Power Reduction:** Non-essential appliances and electronics will be unplugged. Lights in unoccupied areas will be turned off. Staff will encourage using flashlights or battery-powered lamps for illumination.

Communication:

- **Residents and Families:** Heart to Home will keep residents and their families informed about the situation and the expected duration of the outage. Regular updates will be provided.
- **Emergency Personnel:** If the outage poses a significant health risk or becomes critical, the LALD will contact emergency personnel as necessary.

Water Supply:

- **Storage:** Heart to Home will maintain a three-day supply of bottled water on hand to accommodate at least 10 people. The amount will fluctuate based on the resident population.
- **Safety:** Water will be stored in sealed, commercially bottled containers.

Training and Drills:

- Staff will receive training on this power loss policy and plan.

Review and Updates:

This policy and plan will be reviewed annually and updated as needed to reflect changes in regulations, resident needs, or equipment. A copy will be readily available for staff and residents.

Additional Considerations

- **Comfort Measures:** Staff will provide residents with blankets, flashlights, and other comfort items during the outage.
- **Personal Electronic Devices:** Residents are encouraged to keep their personal electronic devices charged to facilitate communication during an outage.

By following these procedures, Heart to Home, Inc. strives to ensure the continued well-being and safety of our residents during a power outage.

Annex L

Winter Weather Plan for Heart to Home, Inc.

Objective:

To ensure the safety and well-being of residents and staff during winter weather events, including blizzards, heavy snowfall, and ice.

Procedures

Pre-Storm Preparation:

- **Monitor Weather:** Staff will closely monitor weather forecasts and bulletins, paying particular attention to blizzard warnings, heavy snowfall predictions, and ice storm advisories.
- **Inform Residents:** Residents will be kept informed of weather conditions and advised to avoid going outside, especially during blizzard conditions.
- **Prepare Emergency Supplies:** Ensure that emergency equipment, supplies, food, water, and heating systems are in working order, with a focus on adequate supplies for extended periods during blizzards.
- **Winterize Facilities:** Close drapes on cloudy days and at night to conserve heat, and ensure that exterior features, such as walkways and parking areas, are treated to prevent ice formation.

During a Winter Storm:

- **Stay Informed:** Keep portable radios on and tuned to weather updates, especially during blizzards.
- **Prepare for Isolation:** Be prepared for the possibility of extended isolation within the facility, particularly during blizzards.
- **Maintain Warmth:** Use extra blankets and quilts to keep residents warm, and ensure that the heating system is operating properly.
- **Ensure Power:** Have flashlights and extra batteries readily available, as power outages are more common during severe winter storms.
- **Evacuation Plan:** Be prepared to evacuate residents if necessary, but prioritize safety and avoid unnecessary risks during blizzard conditions.

Post-Storm Recovery:

- **Assess Damage:** Inspect the facility for any damage caused by the storm, including ice buildup and structural issues.
- **Restore Services:** Work to restore essential services, such as heat, electricity, and water, as quickly as possible.
- **Provide Support:** Offer support and assistance to residents affected by the storm, including emotional support and help with daily tasks.

Staffing:

- **Emergency Staffing Plan:** Utilize the existing emergency staffing plan to call in local staff who may be less affected by travel restrictions.
- **Bonus Pay:** Distribute bonus money according to the Attendance & Bonus Pay policy to incentivize staff to work during severe weather conditions.
- **Shift Adjustments:** Heart to Home may adjust staffing shifts to accommodate emergency situations and ensure adequate coverage.
- **On-Site Housing:** Provide extra beds and bedding for staff who may be unable to leave due to severe weather conditions.
- **Staff Safety:** Instruct staff to stay on-site until weather/travel improves or staffing relief comes in,

ensuring their safety and well-being.

Communication:

- **Internal Communication:** Maintain open communication between staff and residents, especially during severe weather events.
- **External Communication:** Coordinate with local authorities and emergency services, providing updates on the facility's status and any assistance needed.
- **Inform LALD:** Notify the LALD (Assisted Living Director) immediately if there is a loss of power, as this can significantly impact resident safety and comfort.
- **Inform Staff:** Keep staff informed about the current weather conditions and road conditions, especially if there are travel restrictions or advisories.

Annex M

Severe Weather Emergency Plan

Heart to Home, Inc. is committed to the safety and well-being of its residents, guests, and staff during severe weather events. In the event of severe weather, staff will take immediate action to notify, protect, and provide safety to all individuals on the premises.

Procedures

Severe Weather/Tornado Watch

1. **Monitor Weather:** Stay informed about weather conditions using a reliable weather radio, app, or other device.
2. **Account for Residents:** Ensure all residents are accounted for and request that those outside come indoors.
3. **Communicate:** Explain the situation to all residents and provide updates as needed.
4. **Prepare for Potential Tornado:**
 - o Turn on a local news channel for weather updates.
 - o Close all windows and blinds in common areas and resident rooms.
 - o Gather flashlights and ensure they are in working condition.
 - o Have a flashlight and portable phone with you at all times.
 - o If serving a meal during a watch, consider using paper products.

Severe Weather/Tornado Warning (Sirens are Going Off)

1. **Seek Shelter:** Instruct residents to take cover in their bathrooms, storerooms, or a corner of their room away from windows. If possible, bring a pillow and blanket for protection.
2. **Reassure Residents:** Provide reassurance and keep residents informed about the situation.
3. **Post-Severe Weather Actions:**
 - o Call 911 for assistance with injuries or transportation to the emergency room.
 - o Notify maintenance/caretaker and supervisor/manager.
 - o Contact family members as needed to provide updates.

Communications:

- **Internal Communication:** Maintain open communication between staff and residents, especially during severe weather events.
- **External Communication:** Coordinate with local authorities and emergency services, providing updates on the facility's status and any assistance needed.
- **Inform LALD:** Notify the LALD (Assisted Living Director) immediately if there is a loss of power, as this can significantly impact resident safety and comfort.
- **Inform Staff:** Keep staff informed about the current weather conditions and road conditions, especially if there are travel restrictions or advisories.

Additional Considerations:

- **Emergency Supplies:** Maintain a well-stocked emergency supply kit, including first aid supplies, water, non-perishable food, and a battery-powered radio.
- **Shift Adjustments:** Shifts may be adjusted as needed to ensure adequate staff coverage and the safety of all staff members during severe weather events.

By following this plan, Heart to Home, Inc. can help protect its residents, guests, and staff during severe weather conditions and minimize the potential for harm.

Annex N

Missing Resident (Elopement)

POLICY

When a resident is suspected or noticed to be missing from Heart to Home, Inc., staff will immediately implement this plan and conduct a thorough, organized search to locate the resident.

Our facility will continue to provide assisted living services and appropriate care to all other residents in the facility according to each resident's service plan, assisted living contract, and regulatory requirements while this missing resident plan is being executed.

DEFINITIONS

- **Missing Resident:** Applies to any resident receiving assisted living services who is incapable of taking appropriate action for self-preservation under emergency conditions (e.g., is non-ambulatory/mobile or lacks the physical, mental, or cognitive capability to recognize danger, evacuate safely with minimal assistance, choose alternative escape routes, or remain at a designated outside location) AND who is identified as at risk for wandering or elopement according to their most recent assessment.

PROCEDURE

Heart to Home, Inc. trains all staff members to implement the missing resident plan. The staff member who first suspects or notices that a resident is missing is automatically appointed as the Designated Incident Lead for that shift and is responsible for immediately activating and executing this plan. At least one trained staff member capable of fulfilling this role is guaranteed to be on-site 24 hours a day, seven days a week.

Phase 1: Initial Actions & Immediate Search (Led by Discovering Staff)

The staff member who discovers the missing resident will immediately assume the lead role and execute the following steps:

1. **Sound the Internal Alert:** Immediately notify and alert all other co-workers within the building that a resident is missing. Provide the resident's name, apartment number, physical description, cognitive/ambulatory status, and where they were last seen. Record the exact time the resident was discovered missing.
2. **Verify Status:** Perform a rapid check of communication logs, sign-out logs, and verify with other shift staff that the resident has not signed out, been discharged, or left with family/friends.
3. **Coordinate the Immediate Physical Search:** Direct all active on-duty staff to conduct an immediate, thorough search of the facility, the facility's premises, and the immediate neighborhood in each direction.
 - *Mandatory search areas:* Closets, utility/storage rooms, under beds, behind furniture, and all common areas.
 - Keep a real-time record of all specific areas searched to ensure no spots are missed.

Phase 2: Next Actions & Notifications

If the resident is not located after completing the immediate physical search, the resident is formally considered missing, and the Designated Incident Lead must immediately carry out these steps:

4. **Notify Law Enforcement (911):** Call 911 immediately to report a missing wanderer. Provide authorities with:
 - Name, age, and physical description of the resident.
 - Description of clothing, method of ambulation, and cognitive status.
 - A current photograph (if available).
 - Time and location where the resident was last seen.
 - Note: Authorities will assume command of the search upon arrival. Provide them with a thorough briefing.
5. **Notify Leadership:** Immediately notify the Assisted Living Director and Registered Nurse on Call.
6. **Contact Representatives:** Immediately contact the resident's designated representatives and the resident's case manager (if applicable). Explain what steps are being taken and encourage them to assist if they are nearby.
7. **State Agency Notification:** Notify the State Survey Agency to report an unusual occurrence and the activation of the facility's Emergency Operations Plan (EOP).
8. **Cooperate Fully:** Staff will cooperate fully with local law enforcement, providing any information or documentation necessary to identify and locate the resident.

Phase 3: Actions Once Resident is Found

Upon the return or location of the resident, the Clinical Nurse Supervisor, Assisted Living Director, or Designated Incident Lead will:

9. **Immediate Medical Evaluation:** Examine the resident thoroughly for injuries. Immediately contact the attending physician to report findings and the resident's overall condition, and precisely follow any orders given.
10. **Clear the Alert:** Immediately notify local law enforcement, the resident's representatives, the case manager, and the State Survey agency that the resident has been found.
11. **Secure the Building:** Inspect and verify building systems to ensure security chimes, locks, windows, and doors are fully operational for 24-hour service.
 - In the event of an security chime malfunction, management must be notified immediately.
12. **Complete Documentation:**
 - **Nursing Notes:** Ensure the incident is documented concisely in the resident's chart, detailing: exact times, all persons contacted, condition of the resident upon return, physician notification/orders, and treatments indicated.
13. **Quality Assurance Review:**
 - Complete an After-Action Report (AAR) to evaluate the response and find areas for policy or process improvement. Check with local public health or law enforcement to see if additional AARs must be filed.

POLICY REVIEW AND EDUCATION

- The emergency plan will be clearly communicated to all staff members during orientation. All staff must remain knowledgeable of and actively implement this plan.
- The Assisted Living Director and Clinical Nurse Supervisor will review this overall missing resident plan at least quarterly and document any changes.
- Individual resident service plans pertaining to wandering risks will also be reviewed at least quarterly.

EMERGENCY TRANSPORTATION PLAN

Facility Name: Heart to Home, Inc

License Type: Assisted Living Facility with Dementia Care (ALFDC)

Location: Mendota Heights, MN (Dakota County)

Effective Date: July 2026

1. Purpose & Scope

This document establishes the operational plan for securing safe, specialized transportation for residents during an emergency evacuation. Because this facility operates under an ALFDC license in Mendota Heights, transportation protocols must specifically account for cognitive impairments, high elopement risks, behavioral triggers due to routine disruption, and physical mobility limitations (wheelchair/stretchers needs).

2. Regulatory Compliance & Mitigation Strategy

Minnesota Rule 4659.0100 and CMS Appendix Z require facilities to maintain pre-arranged evacuation agreements. However, due to industry-wide staffing shortages, liability constraints, and fleet limitations, commercial Non-Emergency Medical Transportation (NEMT) and private ambulance vendors in the Twin Cities metro area do not currently grant exclusive or guaranteed emergency evacuation contracts to individual assisted living facilities.

Furthermore, **this facility does not own or operate dedicated facility transit vehicles**. To mitigate these structural barriers and fully satisfy state safety intents, this facility utilizes a **Tri-Tiered Emergency Transportation Strategy**:

1. **Tier 1: Internal Staff Assets:** Immediate deployment of authorized staff personal vehicles for ambulatory or minimally assisted residents.
2. **Tier 2: Mutual Aid Agreements:** Activation of community partner/sister facility assets as outlined in our active Mutual Aid Agreement.
3. **Tier 3: Rapid-Dial NEMT & Dakota County Response:** Utilization of a live-updated priority call list of metro transit providers, cascading to Dakota County Emergency Services if immediate life safety is threatened.

3. Operational Evacuation Procedures

In the event that the **Incident Commander / LALD / Owner** orders a partial or full facility evacuation, the following sequential transport steps will be executed:

Step 1: Resident Triage & Logistical Categorization

The **Clinical Nurse Supervisor** will immediately print the current resident roster and categorize residents into three transport groups:

- **Ambulatory:** Able to walk independently or with minor guidance; suitable for standard vehicles.

- **Wheelchair-Bound:** Requires a ramp or hydraulic lift vehicle.
- **Stretcher/High-Acuity:** Bedridden, severely medically fragile, or requiring advanced life support.

Step 2: Deployment of Tier 1 (Staff Personal Vehicles)

- The **Emergency Preparedness Coordinator / Director of Operations** will assemble available staff and clear personal vehicles for immediate deployment.
- Assign designated staff members to transport stable, ambulatory residents in personal vehicles.
- *Dementia Care Guardrail:* Every vehicle carrying residents with cognitive decline must maintain a staff-to-resident ratio that ensures safety and prevents elopement or severe agitation during transit.

Step 3: Activation of Tier 2 (Mutual Aid Facilities)

- The **Incident Commander / LALD / Owner** will immediately contact our **Mutual Aid Facilities** to request emergency transportation options, vehicle sharing, or paratransit diversion.
- **Contact Information:** All phone numbers, contact names, and backup lines for these partner facilities are located directly on our current, executed **Mutual Aid Agreement Binder** (stored alongside this plan).

Step 4: Activation of Tier 3 (Commercial NEMT Call-Down & County Escalation)

If staff assets and mutual aid vehicles are insufficient for wheelchair/stretchers needs, the **Emergency Preparedness Coordinator / Director of Operations** will begin calling the **Mendota Heights & Metro Emergency Transport Directory** (Section 5) utilizing the mandatory script provided in Section 6.

If commercial vendors cannot provide an immediate ETA and physical safety is compromised, the **Incident Commander / LALD / Owner** will contact **Dakota 911** or **Dakota County Emergency Management** for municipal emergency support.

4. Staff Asset & Personal Vehicle Protocol

When utilizing staff personal vehicles for emergency transport, the following rules apply:

- **Insurance:** The facility's non-owned auto insurance policy acts as secondary coverage during an authorized emergency activation.
- **Tracking:** The **Clinical Nurse Supervisor** must log every resident placed in a staff vehicle, the driver's name, the destination, and the exact departure time before the vehicle leaves the property.
- **Staff Tracking Log Template:**

5. Mendota Heights & Metro Emergency Transport Directory

This directory must be reviewed and tested annually by calling after 6:00 PM to verify after-hours responsiveness.

Category A: Advanced Life Support (ALS) & Stretcher Providers

For high-acuity, non-ambulatory, or medically fragile residents.

Company Name	Primary Phone	24/7 / After-Hours Line	Fleet Capabilities
M Health Fairview EMS	(651) 232-1800	911 or Dispatch	Primary ambulance/stretcher network for East Metro
Allina Health EMS	(612) 262-4100	911 or Dispatch	Ambulance, Stretchers, Wheelchair
Hennepin EMS	(612) 873-2331	911 or Dispatch	Emergency & Non-Emergency Ambulance
North Memorial Health EMS	(763) 581-6000	911 or Dispatch	Ambulance, Stretcher, Wheelchair Vans

Category B: Non-Emergency Medical Transportation (NEMT) & Wheelchair Vans

For wheelchair-bound residents and disoriented residents requiring secure, door-through-door transit.

Company Name	Primary Phone	After-Hours / Emergency Line	Service & Fleet Style
Assisted Transport	(612) 729-1156	Call Main Line	Highly Local. Specialized senior mobility transit based right in Mendota Heights.
MTM, Inc. (Regional HQ)	(1-844) 399-9486	(1-844) 399-9486	Regional NEMT Coordinator located on Centre Pointe Curve in Mendota Heights. Call for urgent paratransit/provider coordination.
Allegiance Transportation	(651) 207-5211	Call Main Line	Wheelchair & Stretcher. Specialized in hands-on "Door-thru-Door" care across the East Metro.
Transportation Plus	(612) 888-8888	(612) 888-8888 (24/7 Live)	Large Wheelchair Accessible (WAV) fleet. Manages Metro Mobility on-demand.
Allina Health NEMT	(651) 222-0555	(651) 222-0555 (24/7)	Dedicated non-emergency wheelchair & stretcher vans.
MN Lakers Transportation	(763) 205-5116	Call Main Line (Mon-Sat)	High-capacity provider. Wheelchair, Stretcher, & Ambulatory.
Blue & White / Green & White	(612) 333-3333	(612) 333-3333 (24/7 Line)	Public on-demand dispatch. Request "Wheelchair Accessible Vehicles (WAVs)" immediately.

Category C: Dakota County & Local Emergency Services

Call to request regional disaster assistance or municipal transit diversion if commercial infrastructure fails.

- **Dakota 911 (24-Hour Non-Emergency Dispatch):** (651) 322-2323 *(Use to reach on-duty Mendota Heights Police/Fire without tying up 911 lines for logistics)*

- **Dakota County Emergency Management Office:** (651) 438-4322
- **Mendota Heights Fire Department (Station Admin):** (651) 452-1850
- **Mendota Heights Police Department (Admin):** (651) 452-1366

6. Mandatory Dispatch Script for Staff

The Emergency Preparedness Coordinator or designated caller will use this script to ensure prompt response from NEMT dispatchers.

"My name is [Name] calling from [Facility Name] in Mendota Heights. We are an Assisted Living with Dementia Care facility executing an immediate emergency evacuation due to [Reason, e.g., HVAC failure/power outage]. We have residents with cognitive impairments who are non-ambulatory. We do not have a pre-scheduled ride, but we need an immediate on-demand dispatch of any available Wheelchair Vans or Stretchers to [Facility Address]. This is a fully billable, private-pay/facility-invoice event."

7. Annual Maintenance & Review Log

This document serves as an integral component of the facility's comprehensive Emergency Preparedness Plan. It is subject to periodic review concurrent with the broader Emergency Preparedness Plan and shall be updated as required. The Emergency Preparedness Coordinator/Director of Operations is responsible for conducting an annual verification of all after-hours contact information to ensure operational readiness.

Surveyor Guidance Note: This facility does not own or operate a dedicated transit fleet. Furthermore, documented, good-faith efforts have been made to secure formal exclusive-use evacuation contracts with transit vendors in the area; however, due to regional staffing constraints and liability policies, these vendors decline exclusive emergency reservations. This active, live-updated dispatch matrix combined with internal staff asset protocols, designated Mutual Aid Facility agreements, and direct integration with Dakota 911 protocols serves as our formal mitigation plan to ensure continuous resident safety. Consistent with facility command structure, duties are divided among the Incident Commander/LALD, Clinical Nurse Supervisor, and Emergency Preparedness Coordinator.

Tracking Log

Resident Name	Staff Driver Name	Vehicle Make/ Model	Destination	Departure Time	Arrival Confirmed? [] Yes [] No

Resident Refusal of Evacuation During an Emergency

Facility Name: Heart to Home

Effective Date: 10/01/2026

Review/Revision Date: 10/01/2026

Policy Applies To: All Staff, Volunteers, and Emergency Responders **Regulatory References:** Minn. Stat. § 144G.91 (Assisted Living Bill of Rights); Minn. Rules Chapter 4659; CMS Appendix Z

I. Purpose

To establish clear guidelines for staff in the event a resident refuses to evacuate during an emergency (e.g., fire, severe weather, hazardous materials incident). This policy aims to balance the resident's legal right to refuse care or services with the facility's duty to preserve life safety, ensure accurate resident accountability, and protect facility staff.

II. Policy Statement

Heart to Home respects the rights of competent residents to make decisions regarding their care and movement. However, during an emergency requiring evacuation, the safety of all residents and staff is the highest priority. **Under no circumstances will staff use physical force or physical restraints to force a resident to evacuate, nor will staff remain in an imminently dangerous environment with a refusing resident.** Instead, staff will focus on immediate de-escalation, rapid communication, and transferring the rescue responsibility to professional first responders.

III. Definitions

- **Imminent Danger:** An immediate threat to life or health, such as visible fire, heavy smoke, or structural collapse.
- **Competent Resident:** A resident who has the cognitive ability to understand the risks and consequences of their decisions. *(Note: Even if a resident is cognitively impaired, staff will still not use physical force to evacuate them).*

IV. Procedure

Step 1: Initial Communication and De-escalation

1. If a resident refuses to evacuate, the staff member must clearly and calmly state the reason for the evacuation (e.g., "There is a fire in the building, and we need to leave right now to stay safe.").
2. Avoid arguing or using threatening language.

3. If the resident is confused or frightened, attempt to offer a comforting item or use a gentle physical prompt (e.g., offering an arm or hand to guide them), provided the resident does not resist.

Step 2: Second Attempt (If Time and Safety Permit)

1. If the environment is *not* in imminent danger (e.g., a precautionary evacuation for impending weather), a second staff member, nurse, or a family member via phone may attempt to persuade the resident.
2. Reiterate the necessity of the evacuation for their safety.

Step 3: Response to Persistent Refusal & Imminent Danger

1. If the resident continues to refuse, or if the hazard becomes an **imminent danger**, staff must immediately abandon persuasion efforts and evacuate themselves to safety.
2. **Do not use physical force or restraints to move the resident.**
3. Close the door to the resident's room (if applicable) to slow the spread of smoke/fire, but **do not lock it**.

Step 4: Accountability and First Responder Notification

1. The evacuating staff member must immediately report the resident's refusal to the facility's Incident Commander or the staff member in charge of the evacuation roster.
2. The Incident Commander must log the resident's name, room number, and exact physical location on the master evacuation tracking sheet.
3. **Upon arrival of First Responders (Fire Department, Police, EMS), the Incident Commander must immediately notify them that a resident has refused to evacuate and provide the resident's exact location.** Rescue operations are then under the jurisdiction of the First Responders.

Step 5: Post-Incident Documentation and Follow-Up

1. Once the emergency has been resolved and the area is declared safe, the Incident Commander or clinical leadership will notify the resident's designated representative/family and physician regarding the refusal and the outcome.
2. The nurse or designated staff will document the incident thoroughly in the resident's clinical record, including:
 - The reason for the evacuation.
 - The resident's exact response and behavior.
 - Interventions attempted by staff.
 - When and how first responders were notified.
 - Notifications made to family/physician.
3. The clinical team will conduct a post-incident review to reassess the resident's service plan, evaluate their cognitive status, and determine if additional care planning or a higher level of care is required to ensure future safety.

Version Number	Date	Changes Made	Reviewed By
1.0	08/01/2021	Initial Plan Creation	Angie Burnette
2.0	05/01/2023	Included Fire Safety Plan to Initial Plan	Angie Burnette
3.0	09/01/2024	Included Power Loss Policy to Initial Plan Recommended format changes from Metro Health and Medical Preparedness Coalition	Angie Burnette
4.0	03/28/2025	Updated Pharmacy Change -Thrifty White	Angie Burnette
2026 1.0	01/02/2026	Version 1.0 of 2026	Angie Burnette
2.0	06/15/2026	Updated Missing Resident Plan & Residex URL	Angie Burnette
3.0	08/01/2026	Addition of Emergency Transport Plan w/Contact List & Tracking List	Angie Burnette
4.0	10/01/2026	Addition of Resident Refusal w/Evacuation	Angie Burnette

Record of Review

Date	Reviewed By	Changes Made:
08/01/2021	Josh Cesaro-Moxley	
08/01/2022	Josh Cesaro-Moxley	
03/01/2023	Josh Cesaro-Moxley	
09/01/2023	Josh Cesaro-Moxley	
01/01/2024	Josh Cesaro-Moxley	
09/01/2024	Josh Cesaro-Moxley	
01/02/2025	Josh Cesaro-Moxley	
03/28/2025	Josh Cesaro-Moxley	
10/2/2025	Josh Cesaro-Moxley	* Post Survey Corrections
11/21/2025	Josh Cesaro-Moxley Angie Burnette	Added Cold Weather Evac Supplies and Resident Transport
01/02/2026	Josh Cesaro-Moxley Angie Burnette	Reviewed - No Changes Made
06/15/2026	Josh Cesaro-Moxley, LALD Misty Burnette, RN CNS	Reviewed w/updated Missing Resident Plan
08/01/2025	Josh Cesaro-Moxley, LALD	Reviewed updated plan
10/01/2026	Misty Burnette, RN CNS Josh Cesaro-Moxley, LALD	Addition of Resident Refusal w/Evacuation