

Emergency Preparedness Plan and Management Support Manual

Updated: August, 2021

Heart to Home, Inc

659 Mulberry Lane
Mendota Heights, MN
55118

24-Hour Phone: 651-454-5250

Fax: 651-433-7117

info@hearttohomeinc.com

team@hearttohomeinc.com

Record of Changes

The Emergency Management Support Manual has been modified as indicated:

Version Number	Date of Last Change	Summary
2	08/01/2022	Updated to New AL Laws

The Emergency Management Support Manual is recognized and adopted as the all-hazards emergency operations plan for Heart to Home, Inc. located at addresses below.

Department Managers are responsible for developing, exercising, and updating their sections of the plan in collaboration with the Administrator who is responsible for overall planning. Some or all Department Managers, as designated by the Administrator and this plan, will serve on a core planning team.

Heart to Home will provide initial and periodic training opportunities to support the core planning team in contributing to the emergency operations plan.

FACILITY PROFILE FOR EMERGENCY PREPAREDNESS PLANNING

Facility Name: Heart to Home, Inc.

Facility Type: Assisted Living with Dementia Care

Mailing Addresses:

Mendota Manor: 659 Mulberry Road Mendota Heights, MN 55118

Mendakota Manor: 2351 Pagel Road Mendota Heights, MN 55120

Hilltop Manor: 595 Mendota Mendota Heights 55118

Lake Manor: 2370 Rogers Ave Mendota Heights 55120

Primary contact person able to discuss emergency plans:

Name: Josh Cesaro-Moxley, LALD, Administrator

Phone: 651-485-8738

Email: josh@hearttohomeinc.com

Back up contact person #1 able to discuss emergency plans:

Name: Misty Burnette, Clinical Nurse Supervisor

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

Email: misty@hearttohomeinc.com

Back up contact person #2 able to discuss emergency plans:

Name: Angie Burnette, Operations Manager, Covid-19 Safety Coordinator

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

Email: angie@hearttohomeinc.com

Back up contact person #3 able to discuss emergency plans:

Name: Nick Cesaro-Moxley, Owner/Environmental Manager

Phone: 651-387-0840

Email: ncmoxley@gmail.com

Does the facility care for or have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc? If YES, please list the special populations.

Yes No

Special Populations this facility has capacity to care for:

Alzheimer's, Dementia, Hospice, Frail Elderly

Average number of residents in the facility at any one time:

6-7 Per Location

Surge Capacity: Please indicate the maximum number of residents which could be accommodated:

12 per location

SECTION II: SETTING THE CONTEXT FOR EMERGENCY PREPAREDNESS PLANNING

Approximate number of staff (full time equivalents): 15

Does your facility have a backup generator? Yes No

If NO, is your facility wired to receive a backup generator? Yes No

Facility's Food Supplies Vendor/Contractor(s):

Name: Wal-Mart

Address: West St Paul, MN

Phone: Phone: (651) 453-0343

Facility's Pharmacy/Medical Supplies Vendor/Contractor(s):

Name: Name: Merwin LTC Pharmacy

Address: 1811 Old Hwy 8 NW B, St. Paul MN 55112

Phone: (651) 639-0608

Facility's Transportation Contractor(s):

Name: TLC Special Transportation

Address: 900 W 128th St # 107, Burnsville, MN 55337

Phone: (952) 882-0535

In the event of a disaster or emergency, these 5 employees will get to the facility as soon as possible:

Hilltop Manor

1. Name: Misty Burnette, RN

Phone number: (651) 888 -1335 or (507) 430-2620

2. Name: Angie Burnette

Phone number: (651) 888-0573 or (507) 430-4993

Mendota Manor

1. Name: Susan Heutmaker

Phone number: (651) 888-9364 or (507) 301-8676

Mendakota Manor

1. Name: Josh Cesaro-Moxley

Phone number: (651) 485-8738

Lake Manor

1. Name: Nick Cesaro-Moxley

Phone number (651) 387-0840

House Managers will be delegated to a specific house as needed.

Please list all other employees and their phone numbers in the space provided. Following the initial contact of the 5 designated employees, the next step is to make all employees aware of the emergency and to find a time in which they can safely get in to work to relieve initial responders if possible:

See Employee Contact List on Rtasks

There should be a 5-7 day of supply of nonperishable food and water in order to provide residents and employees with adequate supply during an emergency. The amount needed will fluctuate depending on the number of residents at each time, but should always accommodate at least 10 people.

There should be a week's supply of all medications for residents in the houses. This includes daily medications, any insulin needed, oxygen tanks, and PRN medications.

Prepare an Emergency Supply Kit. Included in this kit should be:

Flashlights

Extra batteries

First aid kit

Battery powered radio

Extra blankets

City Contact Numbers:

Mendota Heights City Hall

651-452-1850

Mike Aschenbrener, Police Chief

651-452-1366

Dakota County Public Health

651-437-3191

White Pine Assisted Living and Memory Care

651-788-7010

Southview Acres Nursing Home

651-451-1821

Please indicate the types of emergency planning your facility has completed (check all that apply):

Establishing Chain of Command and Roles for Emergencies

Setting Up Redundant Communications Systems

Back-up Staffing Plan for Emergencies

Planning for Sheltering in Place

Adequate food and water supply has been established and rechecked this month

Backup generator has been tested and is ready for use; 5-7 day supply of fuel is ready for generator

Backup food and water supply has been checked

All residents have a week supply of backup medications and necessary equipment such as oxygen tanks, insulin needles, etc.

Record of Distribution

Name of Person Receiving EOP	Title	Date	Initialed (or reference other evidence of receipt)
Josh Cesaro- Moxley	Owner/LALD	08/01/2021	Google Drive
Nick Cesaro-Moxley	Owner/Environmental Manager	08/01/2021	Google Drive
Paulette Vrem	Owner/Director of Nursing	08/01/2021	Google Drive
Misty Burnette	Clinical Nurse Supervisor	08/01/2021	Google Drive
Angie Burnette	Operations Manager/Covid-19 Safety Coordinator	08/01/2021	Google Drive
Susan Heutmaker	Scheduling Manager/Activity Coordinator	08/01/2021	Google Drive
Rane Washington	Mendakota Manor House Manager	08/01/2021	Google Drive
Ashley Linsten	Mendota Manor House Manager	08/01/2021	Google Drive
Minellie Ayala	Hilltop Manor House Manager	08/01/2021	Google Drive
Abbey Nelson	Lake Manor House Manager	08/01/2021	Google Drive

Purpose

The purpose of the Emergency Preparedness Plan and Management Support Manual is to improve the capability of Heart to Home, Inc. to detect, respond to, recover from, and mitigate the negative outcomes of threats and emergencies. The Emergency Preparedness Plan and Management Support Manual will support Heart to Home, Inc. in compliance with [state statutes, administrative rules] and the mission of the organization. Roles and procedures are described and give direction for training.

This emergency operations plan consists of a basic plan, functional annexes, and hazard-specific annexes. Emergency Preparedness Plan and Management Support Manual was developed through a core planning team of department heads in coordination with the Administrator.

Scope

The Administrator or trained designee is authorized to activate and deactivate the emergency operations plan.

Situation Overview

Heart to Home, Inc. provides senior living care and services to 26 residents at 4 locations all in Mendota Heights, MN. The residents require assistance with their activities of daily living, medication management, and administrative assistance with receiving medical services. Certain residents are vulnerable to cognitive impairment when routines or health care services are disrupted.

Heart to Home, Inc. provides all meals and snacks for residents in a comfortable environment that helps maintain their compromised, but stable, health status. Most residents do not drive and are transportation dependent. Some residents use assistive devices to support ambulation.

Planning Assumptions

The planning team has outlined certain assumptions about conditions that will affect operations before, during, and after an incident.

1. Arrangements with regular vendors who supply food, water, medicine, etc. may be disrupted
2. Residents, their family members, and staff will be stressed and worried about the status of the community and their loved ones.
3. In the absence of a government-issued mandatory evacuation, evacuation decision making will still need to occur leading up to and/or after an incident.
4. The community will rely on the expertise and capabilities of local and, when appropriate, state government to help prepare for, respond to, and recover from incidents of community wide public health significance.
5. Assisted living community evacuation and sheltering decision making will rely upon county and regional information, transportation, and the best available options at the time.
6. The assisted living community will likely experience a disruption in utilities, including electrical services and water, for an extended period of time.
7. Facilities with whom the assisted living community has a mutual aid agreement may also be negatively impacted not be able to serve as a host receiving community.
8. The delivery of contracted transportation services may be compromised depending upon heavy demand, impact of the emergency on the transportation provider, and condition of the roads.
9. Staff and their family members will also be affected by the emergency and this may reduce the number of staff persons available to provide care and services to the residents. Schools may be closed.
10. Hospitals will likely experience increased demand for services along with a disruption in their supplies which may affect treatments and admissions.
11. Hospitals or nursing homes may wish to move more stable patients or residents to the assisted living community in order to make room for a higher acuity population impacted by the incident.

Concept of Operations

The Licensed Assisted Living Director, Clinical Nurse Supervisor and the Operations Manager are authorized to activate Heart to Home's emergency operations plan.

The Administrator or their alternate may receive an emergency warning or alert during non-routine hours and weekends or holidays. The warning or alert may come to the Executive Director or their alternate from a source external to the community, their own judgment of an emerging situation, or from staff, residents, or family members within the community. The Administrator may consult with members of the Incident Management Team prior to initiating the emergency operations plan. When the emergency operations plan is initiated, Heart to Home will adopt an incident command system structure aligned with the National Incident Management System. See *The Incident Management Team Organizational Chart*.

Predetermined key staff (Incident Command and Command Officers) will convene initially in person at Heart to Home's main office or by phone, depending on circumstances and accessibility, assume incident command system roles, receive the primary mission statement, and their associated assignments. If the nature of the incident demands immediate community-wide decision making (such as evacuation), this will occur or be communicated during the initial briefing. Off-duty staff members not part of the advance team will stand by for further instructions that may indicate a change in their normal reporting activities.

After the initial incident management team briefing, the Incident Commander contacts:

- Owners (if not already contacted)
- the county emergency management office
- the area licensing/survey agency

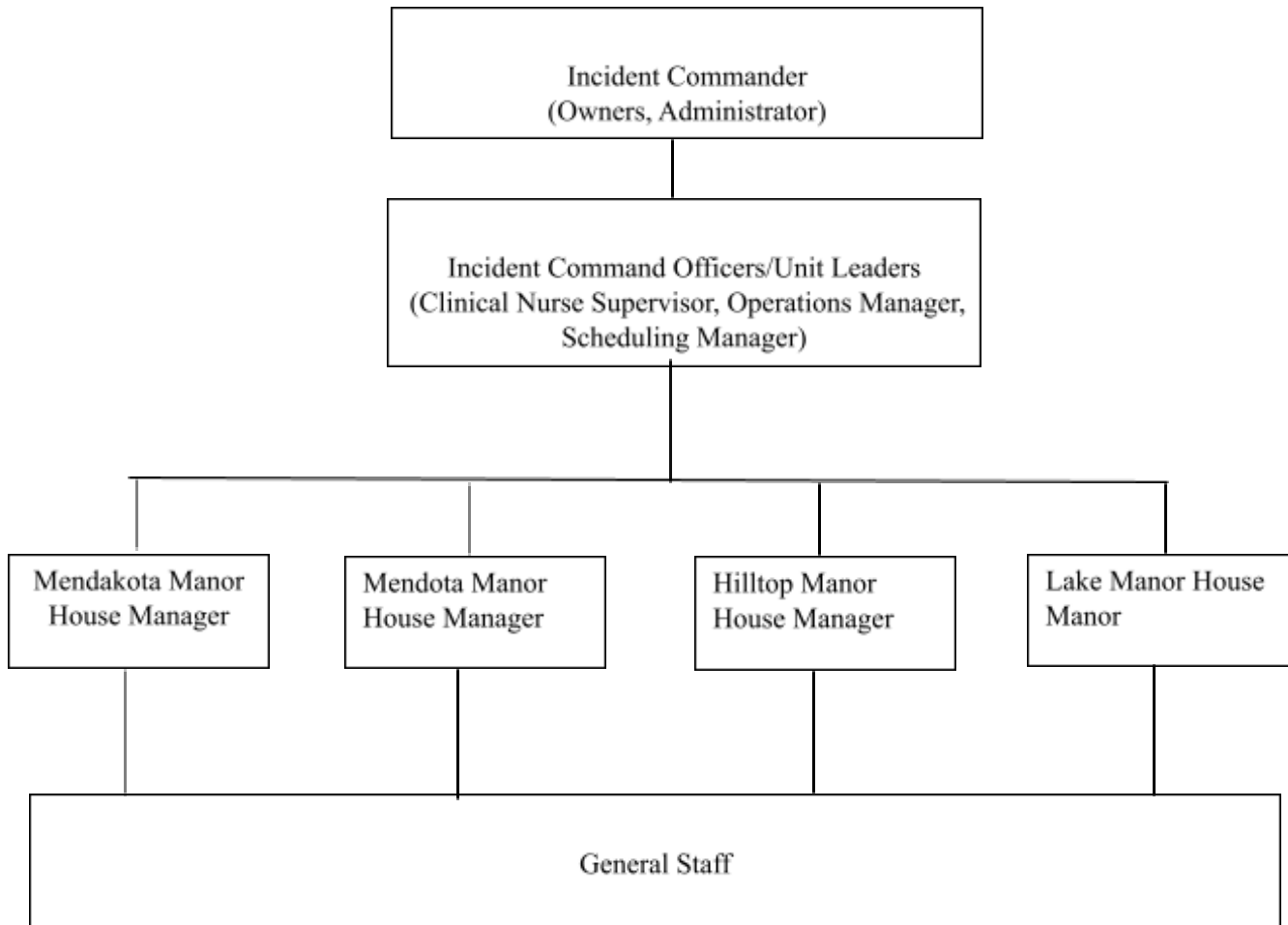
...with a status report, immediate needs, anticipated needs, and expected next steps.

Members of the incident management team will communicate and direct the mission for the operational period and determine the status of the operations for the purpose of reporting back at the next scheduled briefing. As indicated by the nature of the emergency, information related to the emergency incident will be obtained from authoritative sources such as the local county emergency management office, National Weather Service, and/or the State Division of Emergency Management website.

For the first 24 hours, command and general staff of the incident management team will meet at 2 hour intervals to report and receive updates. The Incident Commander will modify this 2 hour operational period as appropriate. The Incident Command Post will be established in the main office located at Mendota Manor. NHICS Form 201: *Incident Briefing and Operational Log* which will be utilized at the initial briefing to focus priorities.

The Incident Commander will signify when the organization returns to normal operations and briefings conclude.

The Incident Management Team Organizational Chart



Organization Chart and Assignment of Key Responsibilities

Name	Responsibility	Employee Title (routine operations)	Incident Management Team Role
<p>Josh Cesaro-Moxley Cell Phone</p> <p>Alt. Nick Cesaro-Moxley Cell Phone</p> <p>Others: Misty Burnette Angie Burnette Nick Ceasro-Moxley</p>	<p>Activate EOP and initiate first briefing and subsequent schedule</p> <p>Contact insurance company, verifying policy claim procedures</p> <p>Assess payroll and cash on hand</p> <p>Serve as primary contact</p> <p>Assess readiness for evacuation and coordinate with destination facilities.</p> <p>Oversee and maintain physical plant security and condition</p>	<p>Owner/LALD</p>	<p>Incident Command</p>
<p>Misty Burnette</p> <p>Alt. Lisa Jones, Paulette Vrem</p>	<p>Manage admissions and discharges</p> <p>Oversee medication records, medications, resident safety, maintenance of health, and mental wellbeing</p> <p>Monitor pharmaceutical inventory and communicate needs</p> <p>Communicate with resident population and oversee general wellbeing</p>	<p>Clinical Nurse Supervisor</p>	<p>Incident Command Officer/Medical Unit Leader</p>

	Develop and oversee delivery of messages for residents, and family members.		
Angie Burnette	<p>Evaluate current status and anticipated interruptions of communications or access to medical records, including cell phone, landlines, and computers.</p> <p>Oversee inventory of food and water stores for residents and staff</p> <p>Supervise inventories and communicate with vendors</p> <p>Develop and oversee delivery of messages for staff and volunteers.</p> <p>Assess readiness for evacuation and coordinate with transportation companies.</p>	Operations Manager	<p>Incident Command Officer/Operations Unit Leader/Emergency Operations Coordinator/Covid-19 Safety Coordinator</p>
Susan Heutmaker	Assess and establish staffing schedule for next 72 hour period	Scheduling Manager	Incident Command Officer/Scheduling Unit Leader

Direction, Control, and Coordination

Josh Cesaro-Moxley, serving as Incident Commander, has overall control of Heart to Home's response assets. Working with Misty Burnette, serving as the Incident Command Officer/Medical Unit Leader, and Angie Burnette, serving as Incident Command Officer/Operations Unit Leader/Emergency Plan Coordinator, and Susan Heutmaker, serving as Incident Command Officer/Scheduling Unit Leader, the Executive Director will have authority over the direction of response assets.

When Josh Cesaro-Moxley is not serving as Incident Commander, one of the others in this section will be assigned the Incident Commander position and assume overall control of response assets.

The contents of this plan are consistent with the structure of FEMA's Traditional Functional Format laid out in the Comprehensive Preparedness Guide v. 2.0 and the Agency for HealthCare Administration's criteria for Comprehensive Emergency Management Plans for Assisted Living Facilities

Information Collection, Analysis, and Dissemination

This information will be available at the request of the Incident Commander or within the first operational period after activating the Emergency Operations Plan. It will be distributed to the Incident Management Team as appropriate position and activities indicate.

Information Needed	Source
Current census number	Clinical Nurse Supervisor
Situational Awareness Resources	Operations Manager
Resident roster with Family Member/Guardian contact information	Clinical Nurse Supervisor
Staff call-down list	Scheduling Manager
Available units or beds	Clinical Nurse Supervisor
Vendor supply list with contact names, phone numbers, and email, organized by supply type	Attached to plan
Destination facilities contact name, phone number, and email	Administrator
Staffing schedule for next 8 hours	Scheduling Manager

Communications

Upon Emergency Operations Plan activation, the Incident Commander will contact members of the Incident Management Team as the level of the incident suggests based on the Incident Commander's judgment. This initial contact will result in initial status updates, immediate actions required including immediate communication requirements, and the time of the next (or first) group meeting of members of the Incident Management Team. The Incident Commander will also communicate initial reports to the Owners as soon as feasible.

During operational periods, members of the Incident Management Team will communicate with each other through normal, daily mechanisms as they are available. Additionally, the IMT will meet in person during briefings scheduled by Incident Command to provide and receive status reports, to review and revise actions for the next operational period, and to communicate anticipated needs.

Elements of information that need to be exchanged with external stakeholders include resident conditions, physical plant integrity, anticipated unmet needs, accurate incident reports (such as flooding information, weather trajectory, etc.) evacuation decision making, supply inventories, and staffing resources.

External stakeholders include the county emergency management office (responsible for overall response actions throughout the community), the area office licensing/survey agency (responsible for compliance with minimum service standards), police (if there are immediate security threats related to criminal activity), resident family members and/or responsible parties, mutual aid agreement participants, and vendors, including transportation suppliers.

Immediate and continuing messages will be prepared and shared at Incident Management Team briefings and disseminated to staff and residents.

A list of specific communication hardware include landlines, tablets, desktop computers, handheld radios, the community's FaceBook site, and company cell phones.

Communication Process for Key Contacts

Communication Process for Key Contacts

Contact	Primary Method	Contacted By
Residents	In person	Clinical Nurse Supervisor or House Manager
Resident Representatives	Phone or Email	Clinical Nurse Supervisor
Physicians	Phone or Online Portal	Clinical Nurse Supervisor
Key Management Team	Phone or Email	LALD or Operations Manager
Staff	Rtasks or Sling	Operations Manager or Scheduling Coordinator
State or Federal Services	Phone	LALD

- Staff contact list information found in Rtasks under Staff Profile
- Resident Representative contact information found in Rtasks under Resident Contacts
- Resident Physician contact information found in Rtasks under Resident Resources
- House specific critical phone numbers and vendor supply list attached to plan

Decision to Shelter-in-Place

1. The healthcare facility Incident Command is to make an assessment whether the healthcare facility faces an internal or external hazard or both.
2. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard[1], the healthcare facility Incident Command will notify local authorities by calling 911, if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:
 - a. The decisions on how to protect residents, staff and visitors by movement to a more secure area will be made by healthcare facility Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.
 - b. The decisions on how to protect the building will be made by healthcare facility Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or as part of a Unified Command, as appropriate.
3. The healthcare facility is to initiate a process to secure the building (lockdown).
4. Staff is to be advised to stay within the building and to advise all residents and visitors to stay within the building until further notice.
5. If shelter-in-place is expected to last for more than 24 hours, the healthcare facility Incident Command is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)
 - a. This is the Incident Command System Section that carries out all activities related to the management of the incident. (Operations)
 - b. Establish resident management plans, including identifying the current census, the cancellation of elective admissions and procedures etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-in-place and establish communications and a back-up communications plan (Planning).
 - c. Coordinate communications and a back-up communications plan with the local Emergency Management, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate and the Emergency Operations Center (when activated). The healthcare facility Public Information Officer is to coordinate all communications through the EOC. (Liaison, Information Officer)
 - d. Request through local Emergency Management resources and supplies, e.g. the amount of generator fuel available and the duration that this fuel is expected to last (Logistics).

6. Each department head/critical function is expected to provide in writing to the Logistics Chief, within one hour of the activation of healthcare facility Incident Command, the resources that it has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

7. Healthcare facility Incident Command is to determine, or if response agencies are present, participate in Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

EVACUATION

DIRECTIONS AND CONTROL

1. LALD, IS FIRST IN CHARGE DURING AN EMERGENCY.

2. IN AN EMERGENCY, LALD WILL INITIATE CHAIN OF COMMAND. STAFF ON DUTY WILL START EMERGENCY PROCEDURES. ALL WILL BE ALERTED TO GO INTO ACTION.

3. ALF WILL COLLECT ALL MEDICATIONS AND RECORDS AND SECURE FOR TRANSPORTATION TO HOST FACILITY. WHEN ALL CLIENTS AND STAFF ARE OUT OF THE FACILITY AND IS SECURED IN TRANSPORTATION, STAFF PERSONNEL WILL COUNT RESIDENTS. ADMINISTRATOR OR DESIGNEE WILL CONDUCT AN ADDITIONAL COUNT AFTER CONVOY WILL PROCEED TO HOST FACILITY.

ALL STAFF MEMBERS WILL ASSIST RESIDENTS OUT OF THE FACILITY AND INTO TRANSPORTATION.

DESIGNEE WILL GET ALL MEDICATION AND SECURE THEM IN VEHICLE IN WHICH THEY WILL BE TRAVELING.

RESIDENT RECORDS ARE KEPT ONLINE

WE WILL THEN DO A HEAD COUNT AFTER ALL RESIDENTS AND STAFF ARE PLACE IN VEHICLES BEFORE LEAVING ALF. ALL PRESENT STAFF MEMBERS, WHICH WILL INCLUDE ALF, WILL ASSIST CLIENTS OUT OF BUILDING AND INTO VEHICLES, SECURING THEM WITH SEAT BELTS.

ALF WILL HAVE ALL MEDICATIONS, RESIDENT RECORDS AND SUPPLIES IN WHICH THEY ARE TRAVELING.

4. A. STAFF HAS BEEN INSTRUCTED AND THEY HAVE AGREED TO BEING ON DUTY UNTIL EMERGENCY IS OVER. STAFF MEMBERS HAVE BEEN GIVEN OPTION OF HAVING THEIR FAMILY WITH THEM; AND,

IN THAT CASE, ADDITIONAL SUPPLIES WILL BE TAKEN TO HOST FACILITY. HOST FACILITIES HAVE BEEN CONSULTED ABOUT POSSIBLE ADDED PERSONS AND HAVE AGREED.

NOTIFICATION

HEART TO HOME, INC. HAS IN PLACE PROCEDURES FOR THE FACILITY TO RECEIVE TIMELY INFORMATION ON IMPENDING THREATS AS WELL AS ALERTING DECISION MAKERS, STAFF AND RESIDENTS OF ANY POTENTIAL EMERGENCY CONDITION.

1. WE WILL RECEIVE WARNING DURING A CRISIS VIA RADIO, TELEVISION AND TELEPHONE.
2. HEART TO HOME'S 24 HOUR CONTACT NUMBER IS (651)454-5250
3. KEY STAFF WILL BE NOTIFIED BY TELEPHONE OR BY SLING.
4. EMPLOYEES WILL USE THEIR OWN/PUBLIC TRANSPORTATION TO REPORT TO WORK.
5. RESIDENTS WILL BE INFORMED IN A CALM AND REASSURING MANNER, KEEPING IN MIND THAT THEIR SAFETY IS OUR FIRST CONCERN.
6. IF THE PRIMARY TELEPHONE SYSTEM FAILS, THEN ONLINE RESOURCES WILL BE UTILIZED.
7. HOST FACILITIES WILL BE NOTIFIED BY TELEPHONE WHEN POSSIBLE.
8. FAMILIES OF RESIDENTS WILL BE NOTIFIED BY TELEPHONE AFTER ARRIVAL AT MUTUAL AID FACILITY OR BY PUBLIC ANNOUNCEMENTS AS TO WHERE THEIR LOVED ONES ARE HOUSED. IT WILL BE POLICY TO PROVIDE IN ADVANCE FAMILIES WITH THE NAMES AND PLACES WHERE RELATIVES WILL BE ACCOMMODATED DURING CRISIS.

EVACUATION PLAN

1. THE PERSON IN CHARGE WILL BE RESPONSIBLE FOR IMPLEMENTING THE EVACUATION PROCEDURE.
2. TRANSPORTATION WILL BE SUPPLIED BY HEART TO HOME, INC.
3. TRANSPORTATION ARRANGEMENTS ARE AS FOLLOWS:

- A. ALL RESIDENTS WILL TRAVEL IN 2 VEHICLES OWNED AND OPERATED BY THE OWNERS OF ALF.
- B. ALL RECORDS, MEDICATION, FOOD, WATER AND OTHER NECESSITIES WILL BE BOXED AND LABELED, THEN PUT INTO THE CARS OWNED BY THE ADMINISTRATOR.
4. TO EVACUATE ALL CLIENTS FROM AFFECTED HOME TO THE NEAREST UNAFFECTED HOME OWNED BY HEART TO HOME.
5. A STAFF FROM ALF WILL BE ASSIGNED BY THE PERSON IN CHARGE TO EACH VEHICLE TO ACCOMPANY CLIENTS AND REMAIN WITH THEM TO HOST FACILITY.
6. THE ONE IN CHARGE WILL TAKE A HEADCOUNT AND A ROLL CALL OF EVERYONE INCLUDING STAFF BEFORE LEAVING ALF AND UPON ARRIVAL AT HOST FACILITY. ALF CLIENTS WILL NOT BE A BURDEN ON HOST STAFF. ALF STAFF WILL BE THERE TO CARE FOR ALF RESIDENTS, AS LONG AS THE EMERGENCY EXISTS.
7. THE FAMILIES OF RESIDENTS WILL BE NOTIFIED BY TELEPHONE OR PUBLIC ANNOUNCEMENT, RADIO OR TELEVISION, NAME, LOCATION AND TELEPHONE NUMBER OF HOST FAMILY WHERE THEIR RELATIVES ARE BEING HOUSED UPON ARRIVAL AT MUTUAL AID FACILITY.
8. TO BE SURE ALL RESIDENTS ARE ACCOUNTED FOR, RESIDENTS WILL BE COUNTED BY AT LEAST TWO STAFF MEMBERS, AS WELL AS A ROLL CALL. MASTER LIST WILL BE GIVEN TO PERSON IN CHARGE AS WELL AS TO HOST ADMINISTRATOR OR DESIGNEE UPON ARRIVAL.
9. THE PREPOSITIONING OF NECESSARY MEDICAL SUPPLY AND PROVISIONS WILL BEGIN AS SOON AS THE CRISIS IS ANNOUNCED.

RE-ENTRY

1. THE OWNER/ADMINISTRATOR IS RESPONSIBLE FOR AUTHORIZING REENTRY TO ALF. THE ADMINISTRATOR WILL INITIATE THE RE-ENTRY TO THE FACILITY.
2. THE ADMINISTRATOR WILL CLEAR WITH COUNTY, BUILDING AND FIRE INSPECTORS IF THE BUILDING WAS SERIOUSLY DAMAGED FOR PERMISSION TO RE-ENTER ALF.
3. RESIDENTS AND STAFF WILL RETURN TO ALF BY THE SAME

MEANS BY WHICH THEY LEFT ALF BY AUTOMOBILES, UTILIZING THE SAME PROCEDURES USED IN EVACUATION PROCESS, STAFF AND PERSON IN CHARGE WILL TAKE A HEAD COUNT AS WELL AS ROLL CALL PRIOR TO LEAVING HOST FACILITY, WHEN ALL RESIDENTS AND SUPPLIES ARE ACCOUNTED FOR, CONVOY WILL RETURN TO ALF.

INFORMATION, TRAINING AND EXERCISES

A. ALL KEY WORKERS WILL BE INSTRUCTED IN THEIR EMERGENCY ROLES DURING NON-EMERGENCY TIMES BY IN SERVICE CLASSES, INCLUDING MATERIALS, FILMS, AND LECTURES

B. TRAINING WILL BE GIVEN TO NEW EMPLOYEES AS THEY ARE HIRED

C. ALL MISTAKES AND DEFICIENCIES NOTED DURING TRAINING EXERCISES WILL, AT THAT TIME, BE CORRECTED, REINFORCED WITH ADDITIONAL CLASSES UNTIL ALL PROCEDURES ARE UNDERSTOOD CLEARLY AND CAN BE PERFORMED FAST, EFFICIENTLY AND SAFELY.

Administration, Finance, and Logistics

Heart to Home, Inc. has existing accounts and procedures for purchasing that will be utilized during emergency operations. The Administrator is responsible for managing financial resources and for following procedures for documenting expenses related to the incident and for timely and complete filing of insurance claims. Heart to Home, Inc. will use the existing automated payroll system during an incident to the extent possible depending upon overall community impact.

Plan Development and Maintenance

Department Managers are responsible for developing, exercising, and updating their sections of the plan in collaboration with the Executive Director who is responsible for overall planning and training.

Training

Training – All staff will receive initial training on our emergency preparedness plan, as well as annual refresher training.

Exercises and Drills – Heart to Home, Inc. will conduct, at minimum, two emergency preparedness drills every 12 months – these drills do not include required fire/evacuation drills. One annual exercise will be a full-scale community wide exercise. The second annual exercise will either be a second full-scale community-wide exercise or a tabletop exercise focused on our assisted living setting. Exercises and drills will be designed to test our emergency plan and to identify gaps and areas for improvement.

The Executive Director will initiate the annual emergency operations plan review

CONTACT LIST UPDATED 1/24/20
FIRE OR MAJOR MEDICAL EMERGENCIES CALL 911

General Phone Number - (651) 454-5250
Main Office Fax Number - (651) 686-5295
MANAGEMENT & EMPLOYMENT - (651) 888-0573
E-Fax - (651) 433-7117
General Email - team@hearttohomeinc.com

Mendota Manor (House 1) - (651) 454-4550
659 Mulberry Lane, Mendota Heights, MN 55118
mendota@hearttohomeinc.com

Mendakota Manor (House 2) - (651) 994-2020
2351 Pagel Road, Mendota Heights, MN 55120
mendakota@hearttohomeinc.com

Hilltop Manor (House 3) - (651) 994-9191
595 Mendota Road, Mendota Heights, MN 55118
hilltop@hearttohomeinc.com

Lake Manor (House 4) - (651) 528-7883
2370 Rogers Ave, Mendota Heights, MN 55120
lake@hearttohomeinc.com

WiFi Password for All Homes - 6514545250

Paychex Time Clock Website: paychex.centraiservers.com

Director of Nursing:

Paulette Vrem, MSN - (612) 245-4987 cell
Co-Owner (651) 698-0718 home (*Call Home if Can't Reach Via Cell*)
paulettevrem@gmail.com

Nurse Manager: 651-888-0573

Misty Burnette RN - (507) 430-2620 Cell for on-call only... Not
for families!

8/12/11 misty@hearttohomeinc.com

Administrator (Ok to Give Out His Number):

Josh Cesaro - (651) 485-8738 cell
Co-Owner josh@hearttohomeinc.com

Maintenance Manager (Ok to Give Out His Number):
Nick Cesaro-Moxley - (651) 387-0840
(Leave a message and he will call you right back!)
Co-Owner ncmoxley@gmail.com

Operations Manager: 651-888-0573
Angie Burnette - (507) 430-4993
3/18/10 angie@hearttohomeinc.com

Staffing Coordinator: 651-888-9364
Susan Heutmaker - (507) 301-8676
5/11/16 susan@hearttohomeinc.com

Provider numbers:
PPX, X-Ray 866-895-2119
952-915-9779
Fax 952-915-9597

Merwin LTC Pharmacy
651-604-5255 Tel
651-604-5250 Fax

Walgreens 651-414-3787

HealthEast Lab 651-232-3500

Our Lady of Peace 651-789-5030 (leave message)

Intrepid Hospice 651-633-6404

Poison Control 24 Hour Help Line:
1-800-222-1222

Xcel Energy (To Report Gas Leak / Power Outage):
1-800-895-4999

Mendota Heights Fire Dept. (Non-Emergency):
(651) 452-1850

Maintenance & Misc. Numbers for Management Use Only:

Heating / Cooling - Academy Heating & AC (Raz) (651) 248-1333

Heating / Cooling for Pagel Rd Only (763) 389-0376

Electrical - Aspen Electric (Jeff/Shannon/Rose) (952) 890-6364

Janecky Plumbing (Dave/Shelly) (651) 454-9297 or (651) 755-5158

Security Systems / Camera Systems - Gordy (612) 366-2050

Appliance Repair- Plaza TV & Appliance (Scott) (651) 457-1196

Joanne Bolles (Music) - (612) 306-2339

Village Lawn Service Lawn / Snow Removal (Dan) - (651) 455-0971

Xcel Energy (Gas and Electric) - 1-800-895-4999

Comcast (TV Phone Internet) - (651) 222-3333

APA Medical Equipment Rental & Repair (Troy) - (612) 767-2689

Elite Garage Door Repair (612) 605-4587

Insurance By Design (Luann or Scott) (952) 808-7002

Ojeda Drywall and Painting Repair - (651) 443-9632