Western New York Regional Mutual Aid Plan 2016-2017

Version: February 2017

All facilities listed in this Mutual Aid Plan are current and active members.

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WESTERN NEW YORK REGIONAL MUTUAL AID PLAN (MAP)

Table of Contents

Acti	ons Taken by Disaster Struck Facility to Activate Regional Mutual Aid Plan	2
Acti	vation of Joint Region Mutual Aid Plan by Regional Coordinating Center	3
Reg	ional Coordinating Center Action Guide	4
Loc	ation of Coordinating Center and Contact Information	5
Reg	ional Coordinating Center / Steering Committee Job Action Checklist	6
l.	Mutual Aid Plan Steering Committee	7
II.	Western New York Health Care Regional Mutual Aid Plan - Overview	10
III.	Responsibilities of the Sending (Evacuating) Facility	11
	Responsibilities of the Receiving Facility	13
	Supplies for Disaster Struck Facility or Resident Accepting Facility	14
	Disaster "overtakes" Regional Mutual Aid Plan	15
IV.	Finances	16
V.	Cooperating Agencies	17
VI.	Transportation	21
VII.	Additional Sources	25
VIII.	Emergency Health Staffing	25
IX.	Sectors 1-7 (WNY Plan)	26
X.	Mutual Aid Participants – 2016-2017	30
XI.	Patient / Medical Record & Equipment Tracking Sheet	77
XII.	Sample Resident Emergency Evacuation Tag	78
XIII.	Influx Of Patients Log	79
XIV	. WNYMAP Transportation Evacuation Survey	80
ΧV	eFINDS	. 85

WESTERN NEW YORK MAP

Actions Taken by Disaster Struck Facility to Activate Regional Mutual Aid Plan

DISASTER OCCURS

NOTE:

If WNY MAP area is overwhelmed the RCC will active the Joint Region MAP for help outside the WNY MAP area.

Individual health care facility being affected:

- 1. Notify appropriate Emergency Agency (911)
- 2. Notify Regional Coordinating Center (or backup, if necessary)
 - o Primary: Beechwood Homes, 716-810-7000; Cell 716-867-4774; FAX 716-250-6200
 - Backup: Mercy Nursing Facility @ OLV, 716-819-5300; Cell 716-949-5988; FAX 716-819-5309
- 3. Internal notification / set-up Internal Command
- 4. Notify NYS Department of Health Regional Office, as necessary
 - Western Region Office 716-847-4320
 - Duty Officer (after hours number) 1-866-881-2809
 - O Hot Line 1-888-201-4563

Request that NYSDOH send out a Health Commerce System / Integrated Health Alerting and Notification System alert (HCS / IHANS) to all member facilities, notifying them of the situation, and asking them to prepare to report their number of empty beds and other emergency reporting information when requested.

- 5. Notify appropriate County Office of Emergency Management (see Section V for phone numbers); consider prompting for a Conference Call to include all WNYMAP members and Emergency Manager
- 6. Continue to follow your facility's internal Emergency Management Plan

DISASTER RESULTS IN:

NEED FOR SUPPLIES:

- 1. Call your facility suppliers.
- 2. Contact suppliers listed in your regional MAP.
- 3. Contact County Emergency Mgr
- See supply availability from member facilities in your regional MAP.

NOTES:

- Fax request form to supplier to use as identification of supplies at police roadblocks.
- Coordinate supplies through local Emergency Operations Center, when requested.

NEED FOR COMMUNICATIONS:

- 1. Attempt all primary means of communication, including:
 - a. Phone / Cell Phone
 - b. Fax
 - c. Email
- HAM Radios (A.R.E.S.): Contact county Office of Emergency Management to assist in communication. If phone lines are down, try communication via:
 - a. Cell phone
 - b. Text messaging
 - c. Local Fire or Police Dept.
 - d. Via runner

NEED FOR TRANSPORTATION:

- Notify County Office of
 Emergency Management
- 2. Work with Emergency Agency Emergency Medical Services. Know number and type of transport vehicles you need. (See Transportation Evacuation Survey in Annex V.)
- 3. Activate private transportation contracts you may have.

2

 Request transportation help from facilities in your regional MAP (to whom you are evacuating to) to move residents to resident accepting facilities.

NEED TO EVACUATE:

Through liaison with Emergency Agency Command:

Slow Evacuation: Move residents to Stop-Over Point OR transfer residents directly to resident accepting facility within your regional MAP.

Fast Evacuation: Alert and move residents to Stop-Over Points & subsequently to resident accepting facilities within your regional MAP, as necessary.

- Send additional medical information, staff, and equipment, when possible
- · Track residents and staff

ONE FACILITY EVACUATING:

Notify RCC and they will:

- 1. Contact resident accepting facility.
- Advise number and type of residents being sent. Follow resident type/ capacity on Facility Profile sheets.

Disaster struck facility will:

 Send disaster tag & required medical information.
 NOTE: Disaster-struck facility notifies each resident's responsible party and physician.

Disaster struck facility can do all the above if RCC is not available.

MORE THAN ONE FACILITY EVACUATING:

Regional Coordinating Center / Steering Committee, will:

- Coordinate with evacuating facilities to assign residents to resident accepting facilities; follow the Facility Profile sheets.
- Communicate with NYSDOH and OEM.

RESIDENT ACCEPTING FACILITY

When notified of an evacuation, implement the following:

- Internal plans to prep resident reception point & care areas, including equip. needed for Special Care residents, as applicable.
- Be prepared to care for residents until disaster-struck facility staff arrive.
- Confirm residents received with sender.

Activation of Joint Region Mutual Aid Plan by Regional Coordinating Center

DISASTER RESULTS IN INABILITY OF REGIONAL MAP TO PROVIDE ADEQUATE SUPPLIES, TRANSPORTATION OR PLACE ALL EVACUATING RESIDENTS

JOINT REGION MUTUAL AID PLAN CAN BE ACTIVATED BY THE REGIONAL COORDINATING CENTER AS FOLLOWS:

CONTACT:

- ONE OF THE OTHER THREE REGIONAL COORDINATING CENTERS, OR BACK-UP, IF NECESSARY
 - o Greater Rochester
 - Primary: St. John's Health Care 585-760-1340; Cell 585-766-3651 or 585-704-2115
 - Back Up: St. Ann's Community 585-697-6666; Cell 585-313-8097, 585-314-6600 or 585-764-5863
 - Southern Tier
 - Primary: Chemung County NF 607-737-2001; Cell 607-481-9642 or 607-329-7088
 - Back Up: Steuben Centers for Rehabilitation and Healthcare 607-776-7651; Cell 607-346-6780
 - Central NY
 - Primary: Van Duyn Home & Hosp. 315-449-6000; Cell 315-383-5206
 - Back Up: Syracuse Home Assoc. 315-638-2521; Cell 315-952-8107
- NYS DEPARTMENT OF HEALTH
 - o Region Office 585-423-8020
 - Duty Officer (after hours number) 1-866-881-2809
 - Hot Line 1-888-201-4563 <u>AND</u>
- LOCAL OFFICE OF EMERGENCY MANAGEMENT (See Section V for phone numbers)

NEED FOR SUPPLIES:

- Go to vendor list of another regional MAP to request supplies directly.
- Request supplies from availability of facility in another regional MAP. OPTION: Contact Regional Coordinating Center to coordinate this.

NOTES:

- Fax request form to supplier to use as identification of supplies at police roadblocks.
- Coordinate supplies through Local EOC, or County Office of Emergency Mgt, when requested.

NEED FOR TRANSPORTATION:

- Request Emergency
 Medical Services help to
 move residents out of
 regional MAP areas. Know
 number and type of
 transport vehicles you
 need.
- Request transportation from availability of facilities in another regional MAP. Call facilities you are evacuating to first.
- Contact County Office of Emergency Management.

NEED TO PLACE RESIDENTS:

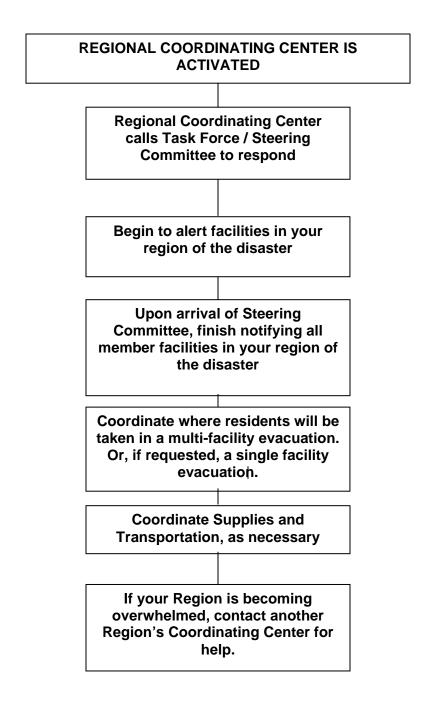
 When all space is used or otherwise unavailable in your regional MAP:

OPTION A

Regional Coordinating Center (from both Evacuating Region & Accepting Region), (Steering Committee), will:

- Alert healthcare facilities out of the disaster struck region as necessary.
- Coordinate where residents will be evacuated to.
- Be aware of and follow the resident number and type of residents the accepting facility can accept. Refer to the Facility Profile sheets.
- Send appropriate medical information and medication with residents.
- Controlled substances <u>and staff</u> must be sent to the accepting facility as soon as possible.
- Track resident location.
- Disaster-struck facilities will contact responsible parties and physicians.

Regional Coordinating Center Action Guide



4

Location of Coordinating Center and Contact Information

Greater Rochester Mutual Aid Plan

Primary Regional Coordinating Center: St. John's Home, 585-760-1340

Cell: 585-766-3651 or 585-704-2115

Back Up Regional Coordinating Center: St. Ann's Community, 585-697-6666

Cell: 585-313-8097, or 585-314-6600 or 585-764-5863

Email Address: rochmap@gmail.com

Website: www.ghfa.org

Western New York Mutual Aid Plan

Primary Regional Coordinating Center: Beechwood Homes, 716-810-7000

Cell: 716-867-4774

Back Up Regional Coordinating Center: Mercy Nursing Facility at OLV,

716-819-5300; Cell: 716-949-5988

Email Address: <u>WNYMAP@gmail.com</u>

Website: www.ghfa.org

Southern Tier Mutual Aid Plan

Primary Regional Coordinating Center: Chemung County Nursing,

607-737-2001

Cell: 607-481-9642 or 607-329-7088

Back Up Regional Coordinating Center: Steuben Centers for Rehabilitation and

Healthcare, 607-776-7651

Cell: 607-346-6780

Email Address: <u>SoTierMap@gmail.com</u>

Website: <u>www.ghfa.org</u>

Long Term Care Executive Council of Central New York Mutual Aid Plan

Primary Regional Coordinating Center: Van Duyn Nursing Home, 315-449-6000

Cell: 315-491-5499 or 315-383-5206

Back Up Regional Coordinating Center: Syracuse Home Assoc., 315-638-2521

Cell: 315-952-8107

Email Address: <u>LTCCNY@gmail.com</u>

Website: www.ghfa.org

Logging onto the Genesee Health Facilities Association website (<u>www.ghfa.org</u>) instructions:

• Click on the MEMBER LOGIN box on the right side of the page.

If you do not have a username and password; Email info@ghfa.org
 with your name, title, email address, and facility name. They will set you up in the system and email you a user name and password.

 Once logged in click on the title "Mutual Aid Plans of New York" in the header row.

5

Regional Coordinating Center / Steering Committee Job Action Checklist

Regional Coordinating Center Actions:

- 1. <u>Activation</u> This will be done by notification from disaster struck facility or request by DOH or OEM.
- 2. <u>Alerting Steering Committee</u> These individuals will accomplish the responsibilities of the Regional Coordinating Center when they arrive on site. Therefore, as soon as you (Regional Coordinating Center) are activated, call your region's Steering Committee. 24/7 numbers are kept at RCC and by each member.
- 3. Until committee member(s) arrive, <u>start alerting</u> other facilities in your region regarding the disaster at a member facility. Tell them they <u>may</u> get another call for help.

NOTE: If Primary Regional Coordinating Center (Beechwood Home) <u>is</u> the disaster struck facility, or cannot be used for any reason, Coordinating Center responsibilities will shift to the Back-up facility (Mercy Nursing Facility @ OLV).

NOTE: RCC Email Address (once activated and staffed): WNYMAP@gmail.com, Password: mutual_aid. Members should be instructed to include the facility name in the subject line of emails.

Steering Committee Actions:

- 1. Respond when notified by Regional Coordinating Center.
- 2. Call in other Steering Committee members to help, if all have not been notified.
- 3. If RCC staffing permits, request permission to send a Liaison Officer (Steering Committee member) to the County Emergency Operations Center if one has been established.
- 4. As necessary, alert other facilities of evacuation and that they may call them for help (taking residents, needing help with evacuation transportation, or in need of supplies).
- 5. Keep local County Office of Emergency Management and NYS Department of Health advised of activities.
- 6. **If more than one facility is evacuating**, coordinate who is to evacuate where, to ensure that two facilities do not evacuate to the same location.
- 7. If you feel your **region is becoming overwhelmed**, contact other Regional Coordinating Centers in the Joint Region MAP to put their facilities on alert. Work together in controlling evacuation or obtaining supplies.

I. Mutual Aid Plan Steering Committee

Consultant:

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Geri Robinson

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Phyllis Leffler

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8

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II. Western New York Health Care Regional Mutual Aid Plan - Overview

The following plan is designed for those disasters where an unpredictable event requires the immediate evacuation of residents. It is not designed as part of a contingency plan for long term resident evacuation due to employee strike or closure of a health care facility. The commitment to this Plan (caring for evacuated residents) is for two weeks or less, unless approved for a longer term by the Plan member and the NYS Department of Health. The MAP is also designed to help with supplies and transportation of evacuated residents.

NYSDOH, SOEM, and County OEMs

This plan will be instituted in conjunction with the New York State Health Department acting as a monitoring agent. Interaction with the State and County Offices of Emergency Management will be done as necessary.

Joint Region MAP

The WNY Health Care Regional Mutual Aid Plan is part of the New York State Joint Region Mutual Aid Plan, or JRMAP with the Greater Rochester Mutual Aid Plan (GRMAP), the Southern Tier Mutual Aid Plan (STMAP), and the Long Term Care Executive Council of Central NY Mutual Aid Plan (LTCEC-MAP). This gives WNYMAP "backup" if a disaster overwhelmed our region. Your facility is automatically part of the JRMAP through good standing in WNYMAP.

NOTE: Internal plans for receiving residents and maintaining quality of care for the resident population must be developed and made available to the Health Department. On the "sending" side, your facility must have an internal Full Building Evacuation Plan. Members must keep staff trained in these plans and procedures.

Evacuation

If conditions within a facility pose an imminent danger to residents and staff and must be evacuated immediately, residents will be moved to a "Stop-Over Point." If there is time, however, it is far better to evacuate directly from your facility to "Receiving" facility(ies) without going to a Stop-Over Point. You must advise the Regional Coordinating Center and receiving facilities where you can be reached via telephone. Any resident injured in the disaster would be evacuated directly to a hospital. Stop-Over Point residents should have disaster tags and eFINDS wristbands applied before being transferred to member facilities. NYSDOH must be contacted as soon as residents are evacuated. A facility's first priority will be to evacuate to a similar level of care.

Stop-Over Point

Stop-Over Points (schools, churches, etc.) must be by written agreement between each facility and the individual organizations. Written agreements must be updated annually. This is the facility's responsibility.

Medical Information

Evacuation tags contain medical information which enables the receiving facilities to provide care until staff and medical records from the sending facility arrives. The tags are part of the Mutual Aid Plan. A record of resident destination or arrival at receiving facility form is utilized by an evacuating facility to document/track where residents were evacuated to and to confirm their arrival at the receiving facility.

Changes in MAP Information

If a facility needs to make changes during the plan year, it is that facility's responsibility to provide such information to the Steering Committee **AND** to each participating facility. This can also be done through the website. Such changes may include:

- a) Changes in administrative personnel and phone numbers,
- b) Temporary changes which affect the number of residents the receiving facility can accommodate.

Members are Required to Participate in the Following:

- Annual Meeting
- "Plan" and Sector drills
- Joint Region Mutual Aid Plan drills

III. Responsibilities of the Sending (Evacuating) Facility

(For a quick guide, see Algorithm in front of plan)

Beginning Actions

Follow your facility's disaster procedures. Call 911 or your local emergency contact number. Also contact the New York State Department of Health as applicable:

- Western Region 716-847-4320
- Duty Officer 1-866-881-2809 (after hours number)
- Hot Line 1-888-201-4563

Contact Regional Coordinating Center (Primary: Beechwood Homes, 716-810-7000; Cell 716-867-4774, Backup: Mercy Nursing Facility @ OLV, 716-819-3000; Cell: 716-949-5988).

Be familiar with the function and extent of community emergency services such as police and fire departments, local disaster coordinators, Office of Emergency Preparedness, Red Cross, Salvation Army, etc., and advise them of your needs. (See Cooperating Agencies – Section V).

Ensure Disaster Command Center (Fire Chief, etc.) is aware of your Stop-Over Point. Facility's command post must coordinate/liaison with Emergency Authority's Incident Command.

Stop-Over

If you determine that you cannot safely remain in your facility long enough to complete your evacuation directly to Receiving facilities in the MAP, alert your Stop-Over Point that a disaster has occurred. Identify yourself and the problem. This will provide advance warning to the Stop-Over Point to begin preparations for the arrival of your residents. You should have staff members present as your residents arrive at the Stop-Over Point. You should consider having CPR ability available, food, wheelchairs, etc.

Transfer of Residents / Regional Coordinating Center

Notify (or ask RCC to do) the receiving facilities of the specific number of residents being transported, the number of supporting personnel, approximate time of arrival and the number of wheelchair, stretcher, ambulatory, and special need residents being sent (always send evacuation tag and required medical information). It is important not to overload the Receiving Facility with Special Needs residents. Evacuations/transfer of residents must be made to the same level of care. Request help from the Regional Coordinating Center. NOTE: Help from the Regional Coordinating Center can be requested, even in a single facility evacuation.

Send nursing personnel and supplemental staff to receiving facilities, as soon as possible. Send additional medical information, meds and controlled substances with nurse. Notify attending physicians and responsible parties of resident. If possible, send useable mattresses and other equipment with residents. Note: Medical staff (nurse, nursing assistant, EMT) must accompany transportation vehicle if not available on the vehicle.

Required Medical Information

Send, or make available, sufficient resident medical information to insure proper care. The minimum required is a completed Resident Emergency Evacuation tag with a copy of the physician orders, medication sheets, and advanced directives (Healthcare Proxy or MOLST Form) tucked in the envelope on the reverse side of the tag. The evacuation tag shall also be placed on the residents to ensure matching the residents with the correct medical records in the event the resident and their medical record become separated. Another option is to have wristbands with such information as Name, Code Status, MR#, and Elopement Risk.

Complete the Patient Medical Record / Equipment Tracking Sheet (see Section XI). Keep one copy; fax one copy to the RCC; fax one copy to the PAF; send one copy with transporters.

Institute and complete your facilities eFINDS Procedure. (See Section XV)

Medications

If both sending and receiving facilities are willing, resident specific medications, where time allows, will be packaged and labeled with the patient's name and medical administration record. This will be sent with the patient to the receiving facility. *Controlled substances will not be sent. If either facility is unwilling to do this, then the receiving facility will obtain and provide essential medications. The resident accepting facility may obtain the controlled substances from their own pharmacy. However, the Medical Director at the resident accepting facility will need to write new orders for controlled substances. Request waiver from NYSDOH for administering medication at different locations.

* Controlled substances may go from a sending facility to a receiving facility under the control of a nurse. At the receiving facility they will either administer the controlled substances themselves or do a security count with the receiving facility nurses.

Take drug box to resident accepting facility, when applicable.

Staff

Provide or secure resident and staff transportation to receiving facilities from Stop-Over Point. (See <u>Transportation</u>). You may request these vehicles from receiving facilities.

Understand that the staff of evacuated facility will be under the administrative direction of receiving facility. Administration must work closely with receiving facilities. Verification of background and licensure of staff is the responsibility of "home" facility. Documentation should be provided as soon as possible to receiving facility.

Record destination of residents and staff prior to leaving Stop-Over Point (or prior to leaving your facility, if you will not be going to the Stop-Over Point). Transportation and lodging for staff evacuating with residents will also have to be considered, especially if out of the WNYMAP area.

NOTE: Staff must wear facility ID badges to get through police road blocks.

Communications

Maintain communication with receiving facilities from your Stop-Over Point, or from your facility Command Post if you will not be going to the Stop-Over Point.

- *Keep receivers aware of any Command Post changes.
- *Normal modes of communication will be used. If all communications fail, request help from Amateur Radio Emergency Services (ARES) <u>through</u> your county Office of Emergency Management.
- ** Address how you will "handle" the media.

Responsibilities of the Receiving Facility

You must develop an internal plan to appropriately receive and care for incoming residents.

- 1. Agree to temporarily provide supportive coverage until the sending facility can provide their residents with coverage. (See Emergency Health Staffing) if you need immediate staffing help. Provide administrative direction for displaced residents and staff.
- 2. Agree to arrange or provide all beds (or mattresses on floor, etc.), linens, and other equipment, supplies and food. (See Cooperating Agencies).
 - Staff from sending facility will be under the administrative direction of the receiving facility. Verification of background and licensure of staff is the responsibility of the "home" facility. Documentation should be provided as soon as possible to receiving facility.
- 3. Be familiar with the function and extent of community emergency services such as police and fire departments, local disaster coordinators, Office of Emergency Preparedness, Red Cross, Salvation Army, etc., and advise them of your needs. (See Cooperating Agencies).
- 4. Upon receipt of the initial alert, start preparation for receiving residents: alert personnel, prepare area, etc.
- 5. Maintain communications with the sending facility at the stopover point, or at the facility Command Post
- 6. When evacuating residents arrive, complete the Influx of Patients Log (See Section XIII). Keep one copy; fax one copy to the RCC; fax one copy to the DSF.
- 7. Complete the electronic eFINDS tracking. (See Section XV)
- 8. Verify the residents and staff you have received with the sending facility, then notify families/responsible parties and the residents' attending physician.
- 9. At end of disaster, all residents (with their medical records) must be returned to facility of origin, unless other agreements are reached between the resident, NYSDOH, and facility administration.

Supplies for Disaster Struck Facility or Resident Accepting Facility

NEED FOR SUPPLIES:

- 1. Call your facility suppliers.
- 2. See supply availability from member facilities in your regional MAP.
- 3. Contact suppliers listed in your regional MAP. See Section 9 of WNY Regional MAP.
- 4. Contact the County Office of Emergency Management for assistance.
- 5. Request Regional Coordinating Center help to obtain supplies out of region.

NOTES:

- a. Fax request form to supplier to use as identification of supplies at police road blocks.
- b. Coordinate supplies through local EOC, when requested.

Revised: February 2017 14

Disaster "overtakes" Regional Mutual Aid Plan

NOTE: For quick checklist, see Algorithms at beginning of Plan

If regional Mutual Aid Plan (MAP) cannot place all evacuated residents, within the Regional Plan or the regional MAP cannot provide adequate supplies or transportation at the time of a disaster:

- 1. Advise your Regional Coordinating Center if not already activated (Primary: Beechwood Homes, 716-810-7000; Cell 716-867-4774, Backup: Mercy Nursing Facility at OLV, 716-819-5300; Cell 716-574-1974), NYS Department of Health, and local Office of Emergency Management.
- 2. The Regional Coordinating Center, with help from the Steering Committee, will:

15

- Alert other Regional Coordinating Centers. They will alert healthcare facilities out of the disaster struck region.
- RCC will coordinate where residents will be evacuated to especially if more than one facility is evacuating.

PROTECTING IN PLACE (BUT IN NEED OF SUPPLIES):

- If the disaster exhausts all supply sources in your region contact the Regional Coordinating Center for help. They will:
 - o Go to the vendor lists of a Joint Region Mutual Aid Plan to request supplies.
 - o Contact a facility within the Joint Region Mutual Aid Plan to request help with supplies.
 - o Contact the appropriate County Office of Emergency Management for assistance.

NOTE: Fax supply request to those from whom you seek assistance to help deliveries get through police road blocks.

IV. Finances

In the event of a facility evacuation, both nursing homes and adult homes will notify the Western Regional Office of the Department of Health at the earliest possible opportunity.

The sending facility would receive their own Medicaid rate for any evacuated Medicaid residents. Private pay residents would be billed directly by the sending facility at their daily rate. It is the responsibility of the sending and receiving facilities to negotiate reimbursement of costs incurred by the receiving facilities.

It is understood that when receiving facilities have accepted residents beyond their certified census, they cannot admit additional residents until their census returns to their number of certified beds.

See Joint Region Mutual Aid Plan MOU regarding finances when evacuating and "stay away" is over 30 days.

Revised: February 2017 16

V. Cooperating Agencies

COOPERATING AGENCY	SERVICES PROVIDED
Cattaraugus County Emergency Services Mr. Christopher Baker Director of Emergency Services Disaster Coordinator – Fire Coordinator 303 Court Street Little Valley, NY 14755 Phone: (716) 938-2240 Fax: (716) 938-9170	Call
Chautauqua County Mr. Julius Leone, Jr. Dir. of Emergency Services leone@chautcofire.org 2 Academy St., suite A Mayville, NY 14757 Phone: (716) 753-4341 Fax: (716) 753-4363 After Hours: Contact Dispatch Center 716-753-4232	Call
Erie County Mr. Gregory Butcher, Deputy Commissioner (716) 858-2944 gregory.butcher@erie.gov Mr. James T. Glass Emergency Services Coordinator (716) 858-6287 glassj@erie.gov 24 hour number is (716) 898-3696 Erie County Dept. of Emergency Svcs. 45 Elm Street Buffalo, NY 14203 FAX: (716) 858-7937 Emergency Contact: (716) 898-3696 Daniel.neaverth@erie.gov	Call
Genesee County Mr. Timothy Yeager, Coordinator Emergency Management Services 7690 State Street Road Batavia, NY 14020 Phone: (585) 344-0078 Fax: (585) 345-3098 / (585) 344-8535 e-mail tyaeger@co.genesee.ny	Call

COOPERATING AGENCY	SERVICES PROVIDED
Niagara County	
Mr. Jonathan Schultz	
Dir of Emergency Services/Fire Coordinator	
5574 Niagara Street Ext., Box 496	
Lockport, NY 14095-0496	
24 Hr. Fire Control: (716) 433-4482	Transportation
Phone: (716) 438-3171	Cellular phones
Fax: (716) 438-3173	Generators
Jonathan.schultz@niagaracounty.com	
John.cecula@niagaracounty.com	
Karen.thompson@niagaracounty.com	
Dan.stapleton@niagaracounty.com	
Orleans County	
Office of Emergency Management	Food
Mr. Dale Banker, Emergency Manager	Food
14064 West County House Road	Transportation
Albion, NY 14411	Cots/blankets
Phone: (585) 589-4414	Cellular phones
Fax: (585) 589-7671	Generators
dale.banker@orleansny.com	
Wyoming County	
Mr. Anthony Santoro	
Office of Emergency Management	Conoratoro
151 N. Main Street	Generators
Warsaw, NY 14569	Transportation coordination
Phone: (585) 786-8867 24 hr:(585) 786-2255	Cots/bedding
Fax: (585) 786-8961	
Department of Health	
Ms. Norine Nickason, Program Director	
NYS Department of Health	Ma Jasanh Espandi
Adult Care Facility Surveillance	Mr. Joseph Egnaczak
335 E. Main Street, 1st Floor	Long Term Care Program Director
Rochester, NY 14604-2127	NYS Department of Health
Phone: (585) 423-8185	584 Delaware Avenue
Fax: (585) 423-8171	Buffalo, NY 14202
	Phone: (716) 847-4320
After 5:00pm, weekends and holidays:	After 5:00 pm, weekends and holidays:
Hotline 1-866-881-2809 (Statewide in	Hotline 1-866-881-2809
Albany)	
American Red Cross	
Ken Turner, Regional Disaster Program Officer	
Amanda Vallone, Senior Disaster Program Mgr	
Rachelle Uschold, Disaster Program Specialist	
Jason Carmer, Disaster Program Specialist	Cots, blankets for 8 counties of WNY – see
786 Delaware Avenue	page for additional services
Buffalo, NY 14209	
Phone: (716) 878-2353*	
Voice Mail: (716) 878-2355 (Ken's)	

COOPERATING AGENCY SERVICES PROVIDED Mobile Canteen: Can provide if loss of power. **Salvation Army** Light refreshment service, including coffee, Mr. John Hagelberger, Director of Operations bouillon, cocoa, milk, cold drinks, doughnuts, 960 Main Street cold sandwiches, etc. Truck also holds 50 Buffalo, NY 14202 Phone: (716) 883-9800, (716) 888-6206 gallons of water. Emergency Feeding Services: Immediate not Cell: (716) 983-0621 long term: soups, canned meats and beans, canned vegetables, dehydrated potatoes and rice, canned juices, canned fruits, cooked hot cereal, packaged crackers and cookies Emergency Shelter: Temporary shelter at the Salvation Army facilities, on-site items – cots, toiletry items, etc. Transportation: Salvation Army trucks (10 -12) and vans (12 and 15 psg) Clothing Handling and Distribution: Initial clothing needs at time of emergency; public appeal for clothing; assembly and distribution of clothing received. Also blankets and mattresses. Spiritual Counseling: For long and protracted emergency disasters. Grief counseling.



American Red Cross

Greater Buffalo Chapter 786 Delaware Ave. Buffalo. NY 14209-2088 (716) 886-7500

TO: Licensed Care Facility Administration

FROM: American Red Cross, Greater Buffalo Chapter Emergency Services Department

DATE: August 8, 1999

RE: Disaster Preparedness

This is an update on our previous letter outlining the services that the local chapter of the American Red Cross can provide to your facility should it experience a disaster. This letter supersedes any previous correspondence.

We wish to clarify our particular role in a disaster so that there will be no misunderstanding of our proposed services. The American Red Cross, while mandated by public law to be the lead voluntary agency in disaster, is not allowed to open or maintain special population shelters. Special populations such as non-ambulatory or those with special medical needs are the responsibility of the Department of Health. Our role is with the generic populations of Erie and Cattaraugus Counties as well as the City of North Tonawanda and we would serve your facility as a support. Some of the support services we routinely provide:

- Disaster locator services to allow your communication systems to be dedicated to the incident.
- Disaster-trained nurses who can serve as hospital liaison, family liaison or with morgue assistance.
- Cots and blankets for workers and patients (if appropriate).

Our services operate 24 hours per day and can be activated by calling (716) 878-2353. Workers are on duty at all times or, if you wish, you can speak with the departmental director, Kenneth J. Turner.

20

VI. Transportation

For major disasters with more than 10 people involved, the fire chief or other emergency service official will request a system of transportation through the emergency communications dispatcher. If the disaster is community wide, facilities may have to provide transportation.

Individual member facilities have agreed to use their vehicles to transport residents to the Stop-Over Point and/or to the receiving facilities. If there is a disaster in your sector, it is imperative to send transportation to the sending facility immediately.

The following list indicates this transportation.

FACILITY:	PHONE:	TRANSPORTATION:
Absolut Care of Aurora Park	716-652-1560	1 bus 10 pass. + 1 w/c, 2 nd bus 6 pass +2 w/c
Absolut Care of Eden	716-992-3987	1 van 2 passenger plus 1 w/c
Absolut Care of Gasport	716-772-2631	1 bus 6 pass. + 3 w/c
Absolut Care of Houghton	585-567-2207	1 van 8 psg
Absolut Center for Nursing &	716-945-1800	1 w/c bus 6 passenger + 2 w/c
Rehabilitation at Salamanca		
Absolut Center for Nursing and	716-366-6710	1 Braun Entervan, 2 pass. + 1 w/c
Rehabilitation at Dunkirk, LLC		1 Braun Emervan, 2 pass. + 1 w/c
Absolut of Allegany	716-373-2238	1 van 3 seats
Absolut of Orchard Park	716-662-4433	1 bus seating for $10 + 2 \text{ w/c}$
Amberleigh Assisted Living & Memory	716-689-4195	4 passenger car
Care		20 passengers in bus with lift
Applegate Manor	585-798-3420	1 SUV 3 seats, 1 car 3 seats
Autumn View Health Care Facility	716-648-2450	1 SUV 6 psg
Batavia Healthcare Center	585-343-1300	1 van can accommodate $3 \text{ w/c} + 6 \text{ seated}$
Beechwood Health Care Center	716-810-7000	4 dr car 5 psg inc. driver
Bergquist Adult Home	716-985-6832	1 van 5 pass + 2 w/c
Blocher Homes, Inc.	716-810-7400	1 SUV- 5 passenger
Briarwood Manor	716-433-1513	van 6 psg.
Briody Health Care Facility	716-434-6361	1 van 3 w/c
Bristol Home	716-884-4371	1 14 passenger w/c bus
Bristol Village	716-319-9500	10 passenger van
Brompton Heights	716-634-5734	1 van 14 psg / 4 wc & 6 passenger
Brookdale Bassett Park	716-689-2394	1 van 12 psg with w/chair lift – shared
		w/Brookdale Bassett Road
Brookdale Bassett Road	716-688-4011	1 van 9 psg
Brookdale Kenmore	716-874-3200	1 bus with 10 pass + 2 w/c; 1 van for 6 passengers
		(ambulatory)
Brookdale Lakewood	716-665-2414	2012 Ford bus – 12 per
Brookdale Niagara Memory Care	716-731-1461	1 bus seats 12 plus 2 w/c and driver (shared with
		Sterling House Niagara)
Brookdale Senior Living Sterling House	716-731-1634	
Niagara		1 van 12 person passenger, 2 w/c
Brookdale Williamsville	716-632-7123	1 10 psg bus
Brothers of Mercy Nursing & Rehab.	716-759-6985	1 wheelchair van (5 wheelchair + 8 psg),
Ctr. And Sacred Heart Home		Campus Van
Canterbury Woods	716-929-5800	1 SUV (3 passengers); 2 Minivans (3 passengers &
		1 wheelchair each); 1 Van (3 wheelchairs & 14
		passengers OR 24 passengers)

FACILITY:	PHONE:	TRANSPORTATION:
Chautauqua Nursing & Rehab Center	716-366-6400	8 psg bus 5 w/c; 6 psg bus – 5 w/c
Cloisters, The	585-786-8727	6 psg suv
Cloverhill Adult Residence	585-589-7832	1 SUV 3 seats
Cuba Memorial Hospital	585-968-2000	1 Van, 4 pass + 2 W/C
East Side Nursing Home, Inc.	585-786-8151	1 wheelchair van (6 seats and 3 w/c spaces)
Eden Heights-Eden Adult Care Facility	716-992-4466	1 van 12 psg.
Eden Heights-Olean Adult Care Facility	716-372-4466	1 bus 12 psg & 2 w/c
Eden Heights-West Seneca Adult Care	716-822-4466	1 van 14 psg.
Facility	,10 02200	T van T i pog.
Elderwood Assisted Living at Hamburg	716-649-7676	1 van 12 psg; 1 (4 door) sedan
Elderwood Assisted Living at	716-871-1814	1 van 7 psg
Tonawanda		T-G
Elderwood Assisted Living at West	716-677-4242	1 (4 door) sedan; 1 van 12 psg
Seneca		r.s
Elderwood Assisted Living at Wheatfield	716-731-2200	1 Bus 14 psg & 2 w/c
Elderwood Assisted Living at	716-681-8631	
Cheektowaga		Cheektowaga Campus
Elderwood at Cheektowaga	716-681-9480	1 bus/14 psg/1 wc
Elderwood at Grand Island	716-773-5900	1 car 3 psg
Elderwood at Lancaster	716-683-6165	1 van 5 psg
Elderwood at Wheatfield	716-215-8000	4 w/c + 8 passengers
Elderwood Village at Williamsville	716-565-9663	1 van 14 psg. & 1 car/5 psg.
Father Baker Manor	716-667-0001	1 bus 12 psg or 6 wc
Fiddlers Green Manor NH	716-592-4781	1 van 5 psg.
Fox Run at Orchard Park	716-662-5001	14 psg bus with capacity for 2 w/c
		5 psg car and 3 psg truck
Garden Gate Health Care Facility	716-668-8100	1 van 2 w/c, 1 van 14 psg., 1 van 7 psg.
Garden House Residence, Weinberg	716-639-3311	1 pickup truck
Campus		
Genesee Co. Nursing Home	585-344-0584	1 truck; 2 vans(5psg, 3psg, 2wc)
Glenwell	716-608-7000	1 bus, 10 psg plus 1 w/c
Greenfield Court	716-684-8400	
Greenfield Manor	716-684-8400	5 psg car; 1 bus 12 psg.
Greenfield Health and Rehab Ctr.	716-684-3000	1 bus 1 truck
Greenfield Terrace	716-681-4438	1 bus, 12 passenger
Harris Hill	716-632-3700	1 large 12 psg van
Heritage Green Rehab & Skilled Nursing	716-483-5000	1 van 7 passenger
Heritage Park Rehab & Skilled Nursing	716-488-1921	1 van, 6 passenger
Heritage Village Rehab & Skilled	716-985-4612	1 van, 7 psg.
Nursing		
Heritage Village Retirement Campus	716-985-6832	1 van 6 pass. + 2 w/c
Highland Park Rehabilitation and	585-593-3750	1 15 psg buss with w/c lift, 1 6 psg van
Nursing Center		
HighPointe on Michigan	716-748-3101	1 van 4 psg + 6 w/c
Hospice of Orleans, Inc.	585-589-0809	1 van 5 pass and 8 wheelchairs
Hultquist Place	716-720-9610	1 van 12 psg & 2 w/c. Van has a lift
Humboldt House Rehab and Nursing	716-886-4377	van – 7 w/c capacity + 2 passengers
Center		
Lutheran Retirement Home and Rehabilitation Center	716-665-4905	6 vans 12 psg; 3 vans 7 psg
Mary Agnes Manor, LLC	716-881-0565	1 van, seats 12
	,10 001 0505	,

FACILITY:	PHONE:	TRANSPORTATION:
Medina Memorial Hospital SNF	585-798-8104	1 12-14 passenger lift van
Mercy Nursing Facility at OLV	716-949-5988	part-time use of 1 w/c van 3 w/c 4 psg
New York State Veterans Home at	585-345-2083	1 van 1 stretcher and 1 wheelchair or 3
Batavia		wheelchairs;
		1 bus/4 wheelchairs & 10 psg.
Newfane Rehabilitation & Health Care	716-778-7111	1 bus 9 psg. with 2 w/c spaces
Center		
Niagara Hospice House	716-280-0600	1 pickup truck and 1 Ambulette (Stretcher) + 4 psg
Northgate Healthcare Facility	716-694-7700	1 van 7 psg.
Oakwood Senior Living	716-877-7171	1- 15 psg bus
Orchard Heights	716-662-0651	1 car 3 psg + 1 van 15 pass
Orchard Manor, Inc.	585-798-4100	w/c van - 2 w/c and two other residents
Our Lady Of Peace Nursing Care	716-298-2900	1 van 3 amb or 2 $w/c + 1$ bus + 4 amb and 6 w/c
Residents		1 van 5 amb or 2 w/c and 1 amb
Park Creek Senior Living	716-632-3000	1 van 10 psg + 2 wheelchair
Peregrine's Landing Senior Community	716-893-3000	1 van, several cars (20 psg.)
Pines Healthcare/Rehab CtrOlean, The	716-373-1910	1 van 7 psg, 1 bus 6 W/C + 4 people (not
		including driver) or 12 people and no w/c, 1 3 psg
		pick up truck
		1 3 psg box truck w/8ft x 8ft 16ft box
Peregrine's Landing at Orchard Park	716-675-1022	1 van 12 psg 2 wheelchair
Rosa Coplon	716-639-3311	1 truck 2 psg .
Schoellkopf Health Center	716-278-4578	1 van 4 w/c + 4 seats or 3 w/c + 6 seats
Seneca Health Care Center	716-828-0500	1 van 7 psg.
Southern Tier Meadows	716-679-4883	1 van 6 pass.
Symphony Living at Dunkirk	716-366-2066	1 van 6 passenger/1 staff (5/27: not running at
		this time)
Symphony Manor at Lancaster	716-683-5150	1 truck 2 psg
Tanglewood Manor/Memory Garden	716-483-2876	1 van 12 psg
		1 van 5 people
Tennyson Court Senior Care Community	716-632-9496	1 van 10 psg + 2 W/C
TLC Health Network - Lakeshore Health	716-951-7000	1 bus 8 psg. and 2 wheelchair
Care Center		
Villages of Orleans Health &	585-589-5637	1 van 4 psg + 2 w/c
Rehabilitation, The		
Wellsville Manor Care Center	585-593-4400	1 wheelchair van, holds 2 wheelchairs, 1
		passenger
Willows, The	585-798-5233	Ford Escape 3 passengers
Wyoming County Community	585-786-8940	1 van 4 psg. 6 w/c
Hospital/Nursing Facility	ext. 4701	

ADDITIONAL TRANSPOR SOURCES:	TATION	TRANSPORTATION VEHICLES:
<u> socitors</u> ,	<u>CO</u> 1	UNTY OF ERIE:
Mr. Daniel Neaverth, Jr. Commissioner of Emergency Services		Ambulance transport - Private ambulances (Volunteer fire department and emergency squad are generally requested under Mutual Aid by the local fire service officer)
Mr. John Adolf, Deputy Commissioner Emergency Medical Services		
Mr. Gregory Gill Coordinator of Advanced Life Support Services		
County of Erie, Dept. of Emergency Services E.M.S. Division 3359 Broadway Cheektowaga, NY 14227 Phone: 716-681-6070		
After Hours MERS: 716-898-3696 Mr. Dean Seyler / Mr. Edward Sauer Senior MERS Coordinator Dept. of Emergency Services Phone: 716-898-3696 (after hours) for assistance (Medical Emergency Radio System)		Ambulance transport - Private ambulances (Volunteer fire department and emergency squad are generally requested under Mutual Aid by the local fire service officer)
COUN		TY OF ORLEANS:
Office of Disaster Preparedness Mr. Paul Wagner, Emergency Mgr. 14064 County House Road Phone: 585-589-4414	fire dept.) Ambulance tand fire dept	transportation would include all County commercial, volunteer, ambulances.
		mbulances would be requested through mutual aid adjacent officer in charge.
585-589-5527		alking patients and residents: Fire department buses (3) Calton, lley (school bus type).
	Orleans Cou	enty Community Action buses (6) with wheelchair lifts.
	County Comprehensive Emergency Plan would also utilize school buses.	

VII. Additional Sources

Agency	Telephone
Aries Transportation Services	716-362-9701
Coach USA	716-693-2700
Southtowns Wheelchair Van Service	716-675-7900
First Call	716-871-1500

VIII. Emergency Health Staffing

In the event of an evacuation emergency in a participating facility of the Western New York Mutual Aid Plan, it is recognized that staff members of the sending facility will go to the receiving facilities to care for their residents as soon as possible. If additional staff is needed during the interim, over-and-above the capabilities of the receiving staff, following are sources of assistance:

Agency	Telephone	Availability
Willcare	716-856-7500	CNAs, LPNs, RNs
Office of Emergency Preparedness or Emergency Management	Check your local phone book	EMTs
PSA Healthcare	716-276-2123	5 – 8 available CNAs and PCAs, 5 days/week 11 – 7 pm
Tender Loving Care/Staff Builders	716-679-7777	LPN's, RN's, & CAN's

Revised: February 2017 25

IX. Sectors 1-7 (WNY Plan)

WNY Sector 1	
Niagara County	
Absolut Care of Gasport	716-772-2631
Briody Health Care Facility	716-434-6361
Elderwood at Wheatfield	716-215-8000
Newfane Rehab & Healthcare Center	716-778-7111
Niagara Hospice House	716-280-0600
Niagara Rehabilitation and Nursing Center	716-282-1207
Odd Fellow & Rebekah Rehabilitation & Health Care Center, Inc.	716-434-6324
Orleans Community Health	585-798-2000
Our Lady of Peace Nursing Care Residence	716-298-2900
Schoellkopf Health Center	716-278-4578
Northern Erie County	
Northgate Manor	716-694-7700
Orleans County	
Hospice of Orleans, Inc.	585-589-0809
Orchard Manor, Inc.	585-798-4103
Villages of Orleans Health & Rehabilitation, The	585-589-5637
Adult Homes and Assisted Living Facilities	
Applegate Manor	585-798-3420
Briarwood Manor	716-433-1513
Brookdale Niagara Memory Care	716-731-1461
Cloverhill Adult Residence	585-589-7832
Elderwood Assisted Living at Wheatfield	716-731-2200
Heritage Manor of Lockport	716-433-7626
Lockport Presbyterian Home	716-434-8805
Mount View Assisted Living, Inc.	716-433-0790
Willows, The	585-798-5233
Senior Independent Living Apartments	
Brookdale Senior Living Sterling House Niagara	716-731-1634
WNY Sector 2	
Niagara County	
Kaleida Health - DeGraff SNF	716-690-2080
Northern Erie County	
Beechwood Health Care Center	716-810-7000
Brothers of Mercy Nursing / Rehab Ctr.	716-759-6985
Canterbury Woods Assisted Living	716-929-5800
Comprehensive Rehabilitation and Nursing Center at Williamsville	716-633-5400
Elderwood at Amherst	716-835-2543
Elderwood at Grand Island	716-773-5900
Elderwood at Williamsville	716-689-6681
Harris Hill Nursing Facility	716-632-3700
McAuley Residence, The	716-447-6600
Rosa Coplon	716-639-3311

WNY Sector 2 (cont.)	
Safire Rehabilitation of Northtowns	716-837-4466
Schofield Residence	716-874-1566
Williamsville Suburban	716-276-1900
Adult Homes and Assisted Living Facilities	·
Blocher Homes, Inc.	716-810-7400
Bristol Village	716-319-9500
Brompton Heights	716-634-5734
Brookdale Bassett Park	716-689-2394
Brookdale Bassett Road	716-688-4011
Brookdale Kenmore	716-874-3200
Brookdale Williamsville	716-632-7123
Brothers of Mercy Sacred Heart Home	716-759-2644
Canterbury Woods Enriched Living	716-929-5800
Dosberg Manor Adult Care Residence	716-639-3311 x2507
Elderwood Assisted Living at Tonawanda	716-871-1814
Elderwood Village at Williamsville	716-565-9663
Heathwood Assisted Living at Williamsville	716-688-0111
Garden House Residence, Weinberg Campus	716-639-3311
Ken-Ton Presbyterian Village	716-874-6070
Oakwood Senior Living	716-877-7171
Park Creek Senior Living Community	716-632-3000
Tennyson Court Senior Care Community	716-632-9496
Senior Independent Living Apartments	
Ken-Ton Presbyterian Village	716-874-6070
Presbyterian Village at North Church	716-631-3430
WNY Sector 3	
Erie County	
Buffalo Center for Rehab & Nursing	716-883-6782
Emerald North Nursing and Rehabilitation Center	716-885-3638
Emerald South Nursing and Rehabilitation Center	716-885-6733
Erie County Medical Center SNF	716-898-3599
Humboldt House Rehabilitation and Nursing Center	716-886-4377
Kaleida Health HighPointe on Michigan	716-748-3101
Mercy Nursing Facility at OLV	716-819-5300
Safire Rehabilitation of Southtowns	716-566-5252
St. Catherine Laboure Health Care Center	716-862-1045
Terrace View Long Term Care	716-551-7100
Adult Homes and Assisted Living Facilities	
Bristol Home	716-884-4371
Mary Agnes Manor	716-881-0565
WNY Sector 4	
Erie County (Southern)	
Absolut at Eden	716-992-3987
Absolut of Orchard Park	716-662-4433
Absolut Care of Aurora Park	716-652-1560
Autumn View Health Care Facility	716-648-2450

WNY Sector 4 (cont.)	
Elderwood at Hamburg	716-648-2820
Elderwood at Lancaster	716-683-6165
Father Baker Manor	716-667-0001
Fox Run at Orchard Park	716-662-5001
Garden Gate Health Care Facility	716-668-8100
Greenfield Health & Rehabilitation Center	716-684-3000
Seneca Health Care Center	716-828-0500
Adult Homes and Assisted Living	
Absolut Care of Orchard Brooke	716-662-6753
Eden Heights – Eden Adult Care Facility	716-992-4466
Eden Heights – West Seneca Adult Care Facility	716-822-4466
Elderwood Assisted Living at Cheektowaga	716-681-8631
Elderwood Assisted Living at Hamburg	716-649-7676
Elderwood Assisted Living at West Seneca	716-677-4242
Fox Run at Orchard Park	716-662-5001
Glenwell	716-608-7000
Greenfield Court	716-684-8400
Greenfield Terrace	716-681-4438
Orchard Heights, Inc.	716-662-0651
Peregrine's Landing at Orchard Park	716-675-1022
Peregrine's Landing Senior Community	716-893-3000
Symphony Manor at Lancaster	716-683-5150
Senior Independent Living Apartments	
Greenfield Manor	716-684-8400
WNY Sector 5	
Cattaraugus County (Northern)	
Gowanda Nursing Home	716-532-5700
Chautauqua County	
Absolut Center for Nursing & Rehabilitation at Dunkirk	716-366-6710
Absolut Care of Westfield	716-326-4646
Chautauqua Nursing and Rehabilitation Center	716-366-6400
Heritage Green Rehab & Skilled Nursing	716-483-5000
Heritage Park Rehab & Skilled Nursing	716-488-1921
Heritage Village Rehab & Skilled Nursing	716-985-4612
Lutheran Retirement Home and Rehabilitation Center	716-665-4905
TLC Health Network - Lake Shore Health Care Center	716-951-7000
Adult Homes and Assisted Living	
Bergquist Adult Home	716-985-6832
Brookdale Lakewood	716-665-2978
Frewsburg Rest Home	716-569-3095
Hultquist Place	716-720-9610
Memory Garden	716-488-9434
	716-488-9434 716-338-1601
Memory Garden	
Memory Garden Orchard Grove Residences	716-338-1601

WNY Sector 5 (cont.)	
Tanglewood Manor	716-483-2876
Women's Christian Association	716-672-7961
Senior Independent Living Apartments	
Heritage Village Retirement Campus	716-985-6832
WNY Sector 6	
Genesee County	
Batavia Healthcare Center	585-343-1300
Genesee County Nursing Home	585-344-0584
New York State Veterans Home at Batavia	585-345-2083
Wyoming County	
East Side Nursing Home, Inc.	585-786-8151
Wyoming County Community Hospital / Nursing Facility	585-786-8940
Adult Homes and Assisted Living	
Cloisters, The	585-786-8727
Genesee County Nursing Adult Home	585-344-0584
Manor House, The	585-344-2345
WNY Sector 7	
Allegany County	
Absolut Care at Allegany	716-373-2238
Absolut Care of Houghton	585-567-2207
Cuba Memorial Hospital	585-968-2000
Highland Park Rehabilitation and Nursing Center	585-593-3750
Wellsville Manor	585-593-4400
Cattaraugus County	
Absolut Center for Nursing & Rehab at Salamanca	716-945-1800
Pines Healthcare & Rehab Center – Machias, The	716-353-8516
Pines Healthcare & Rehab Center – Olean, The	716-373-1910
Erie County (Southern)	
Fiddlers Green Manor Nursing Home	716-592-4781
Jennie B Richmond Chaffee Nursing Home	716-592-2871
Adult Homes and Assisted Living	
Eden Heights – Olean Adult Care Facility	716-992-4466

Western New York Health Care Regional Mutual Aid Plan Membership List

X. Mutual Aid Participants – 2016-2017

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Absolut Care of Allegany 2178 North 5 th Street Allegany, NY 14706 Ph. 716-373-2238; Fax: 716-373-2273 Cell: 716-292-1154 Bernadette Roesch, Administrator John May, Maintenance Supervisor	broesch@absolutcare.com johnm@absolutcare.com	B1 (4)	Allegany Limestone Elementary School Maple Avenue, Allegany 716-373-6464	4	7
Absolut Care of Aurora Park 292 Main Street East Aurora, NY 14052 Ph. 716-652-1560; Fax: 716-652-0018 Cell: 716-238-5854 Kirsten Whittemore, Administrator Joe Hill, Director of Maintenance	kwhittemore@absolutcare.com jhill@absolutcare.com	A2 (1), B1 (10), C1 (4), C2 (4), D2 (9), D3 (4), F	Parkdale Elementary 141 Girard Ave 716-687-2352	32	4
Absolut Care of Eden 2806 George Street Eden, NY 14057 Ph. 716-992-3987; Fax: 716-992-3194 Cell: 716-548-4781 Matt Hriczko, Administrator Patrick Harroun, Maintenance Supervisor	mhriczko@absolutcare.com pharroun@absolutcare.com	D2 (2), B1 (2)	Eden Fire Hall 716-992-3408	4	4
Absolut Care of Gasport 4540 Lincoln Drive Gasport, NY 14067 Ph. 716-772-2631; Fax: 716-772-2054 Cell: 716-250-5338 Isaac Williams, Administrator John Dicarlo, Dir. Environmental Svcs	iwilliams@absolutcare.com jdicarlo@absolutcare.com	B1 (1), C1 (1), C2 (1), C4 (1), D2 (1), D3 (1), D4 (1), E2 (1)	Royalton-Hartland Elementary School 4500 Orchard Place 716-772-2616	8	1

Revised: February 2017

Respiratory Care Behavior/Dementia Care

A1 = Ventilator Care B1 = Dementia, non combative

A2 = Tracheostomy Care
A3 = Passey Muir Valve
B2 = Dementia, occas
B3 = Behavior, Level

A4 = Chest PT

B2 = Dementia, occasionally combative B3 = Behavior, Level I B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

31

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative Pressure Wound Care C5 = Daily Peritoneal Dialysis **Special Therapies**

D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Absolut Care of Houghton 9876 Luckey Drive Houghton, NY 14744 Ph. 585-567-2207; Fax:585-567-2730 Cell: 716-289-1632 Brendan Maloney, Administrator Tim Dash, Maintenance Director	bmaloney@absolutcare.com tdash@absolutcare.com	N/A	Houghton Academy 585-567-8115 or 585-567- 8500 Houghton Wesleyan Church 585-567-2264	10	7
Absolut Care of Orchard Park 6060 Armor Road Orchard Park, NY 14127 Ph. 716-662-4433; Fax 716-662-2743 Cell: 716-796-8975 Jennifer May, Administrator Neil Carrow, Director of Maintenance	jmay@absolutcare.com ncarrow@absolutcare.com	B1 91), C4 (2), D3 (2), D4 (2), E3 (2), F	Park Associates 300 Gleed Ave E. Aurora 716-687-2806	20	4
Absolut Care of Salamanca 451 Broad Street, Salamanca, NY 14779 Ph. 716-945-1800; Fax: 716-945-5867 Cell: 716-573-9659 Kevin Kennedy, Administrator Bill Burlingame, Director of Maintenance	kkennedy@absolutcare.com wburlingame@absolutcare.com	A2 (2), C1 (2), C2 (2), D2 (2), D3 (2), D4 (2), F	Salamanca H.S. 716-945-2400	12	7
Absolut Care of Westfield 26 Cass Street Westfield, NY 14787 Ph. 716-326-4646; Fax: 716-679-9698 Cell: 716-253-0772 Andrew Burdziakowski, Administrator Joanne Agel, DON	aburd@absolutcare.com jagel@absolutcare.com	B1 (2), C4 (2), D2 (2), D3 (2), D4 (2), E3 (2)	Eason Hall 26 Elm St., Westfield 716-326-4961	12	5

32

Respiratory Care A1 = Ventilator Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Absolut Center for Nursing & Rehabilitation at Dunkirk 447 Lakeshore West Drive Dunkirk, NY 14048 Ph. 716-366-6710; Fax: 716-366-7116 Cell: 716-548-4781 Matt Hriczko, Administrator Rick Cain, Maintenance Supervisor	mhriczko@absolutcare.com rcain@absolutcare.com	B1 (2), B2 (2), C1 (2), C2 (2), C3 (2)	SUNY Fredonia College Dodds Hall (Ann Burns) 716-673-3465	4	5
Autumn View Health Care Facility 4650 Southwestern Blvd. Hamburg, NY 14075-1900 Ph. 716-648-2450; Fax: 716-648-2029 Aaron Polanski, Administrator Grace Coventry RN, Director of Q.A. & Education	apolanski@mcguiregroup.com gcoventry@mcguiregroup.com	A2 (2), A4 (2), B1 (2), C1 (2), C3 (2), C4, D2 (2), D3 (2), D4 (2), F	Frontier Central High School/Big Tree Fire Company 4432 Bayview Road/S-4470 Bayview Road, Hamburg NY 716-926-1720/648-1270	23	4
Batavia Healthcare Center 257 State Street Batavia, NY 14020 Ph. 585-343-1300; Fax: 585-344-3756 Cell: 585-738-2420 Robert Burlingham, Administrator Bobbie Ackerman, DON	r.burlingham@bataviahcc.com b.ackerman@bataviahcc.com	A2, B1, C1, C2, C4, D2, D3, D4, E1, E4 (no TB),	NYS School for the Blind 2A Richmond Ave. Batavia, NY 585-343-5384	6	6

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

33

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care**

C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Beechwood Health Care Center 2235 Millersport Highway Getzville, NY 14068 Ph. 716-810-7000; Fax: 716-250-6200 Cell: 716-220-5817 Rich McCune, Administrator Brian Hyzy, Director of Plant/Envir. Svcs	rmccune@beechwoodcare.org bhyzy@beechwoodcare.org	A2-A3 (10), B1 (27), B2 (3), B3 (5), C1-C2 (10), C4 (3), D2 (27), D3 (10), D4 (27), E1 (5), E3 (27), E4 (10),	Eastern Hills Wesleyan Church 8445 Greiner Road Williamsville, NY 14221 (716) 688-7165	27	2
Briody Health Care Facility 909 Lincoln Avenue Lockport, NY 14094 Ph. 716-434-6361; Fax: 716-434-6396; Cell: 716-622-3431 Ann Briody Petock, Administrator Bonnie Patrick, Assist. Administrator	abriodypetock@briody.org bpatrick@briody.org	A2 (1), A3, A4, B1, B2, C1 (1), C2, D2, D3, D4, E1,F	Lockport High School Main #478-4450 Dir. Of Athletics # 478-4500 716-478-4481	8	1
Brothers of Mercy Nursing & Rehab. Ctr. 10570 Bergtold Road Clarence, NY 14031 Ph. 716-759-6985 Fax: 716-759-6223 Cell: 716-957-9023 Paul Moyes, Director of Facility Services Tom Bloomer, Administrator	Paul@brothersofmercy.org bloomer@brothersofmercy.org	A2, A3, B1, B3, C1, C2, D2, D3, D4	Primary Brothers of Mercy Nursing and Rehabilitation Center Secondary Clarence Senior High School 9625 Main St Clarence, 14031 716-407-9020 716-407-9131 or 716-407-9043 Cell phone 868-0963	24	2

34

IV and Wound Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I B4 = Behavior, Level II

Behavior/Dementia Care

B5 = Behavior, Level III

C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Buffalo Center for Rehab & Nursing 1014 Delaware Avenue Buffalo, NY 14209 Ph. 716-883-6782; Fax: 716-883-6932 Cell: 716-517-1752 David Denny, Administrator Michelle Hardy, Assistant Administrator	ddenny@delawarecenter.net mhardy@delawarecenter.net	C1 (6), D3 (20), A2 (3), A3 (1), C2 (2), D4 (20)	Hellenic Orthodox Church of the Annunciation 146 West Utica Buffalo, NY 14209 716-882-9485	20	3
Canterbury Woods SNF 705 Renaissance Drive Williamsville, NY 14221 Ph. 716-929-5800; Fax:716-929-5108 Cell: 716-818-1740 Isadore A. De Marco, Administrator Dave O'Brien, Facilities Director	idemarco@echa.org dobrien@echa.org	A2 (1), B1 (5), B2 (1), C1 (1), C2 (1), D2 (3), D3 (3), D4 (3), E4 (2), F (would need IV equip/ meds)	St. Gregory the Great Church 100 St. Gregory Ct. Williamsville, N.Y. 14221 716-688-5678	5	2
Chautauqua Nursing and Rehabilitation Center 10836 Temple Road Dunkirk, NY 14048-9611 Ph. 716-366-6400; Fax: 716-366-0114 Cell: 716-875-4095 Margaret Mary Wagner, Administrator Andrea Snyder, Acting Administrator	mwagner@ctnrc.com asnyder@ctnrc.com	A2 (2), B1 (4), B2 (2), B3 (1), C1 (2), D2 (3), D3 (3), D4 (3), E1 (1)	State University College at Fredonia, Dodd's Hall 716-673-3465	20	5

35

Respiratory Care A1 = Ventilator Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Comprehensive Rehabilitation and Nursing Center of Williamsville 147 Reist Street Williamsville, NY 14221 Ph. 716-633-5400; Fax: 716-633-9342 Cell: 716-864-7650 Martin MacKenzie, Administrator Jason Teitelbaum, Assistant Administrator	mmackenzie@williamsvillerehab.com jteitelbaum@williamsvillerehab.com	B1 (2), C1 (2), C2 (2), C4 (2), D2 (1), D3 (1), D4 (14), F	St. Mary of the Angels 716-632-2155	14	2
Cuba Memorial Hospital 140 W. Main St Cuba, NY 14272 Ph. 585-968-2000 Ext 281; Fax: 585-968-1710 Cell: 585-993-1818 Gene Faulkner, Administrator Jacquie Torpey RN, Emergency Preparedness	gfaulkner@cubamemorialhospital.org jtorpey@cubamemorialhospital.org	B1 (4), B2 (4), B3 (1), D1 (1), D2 (2), D3 (2), D4 (4), E3 (2)	Cuba Rushford School 140 W. main St Cuba, NY 14727 585-968-2650	6	7
DeGraff Skilled Nursing Facility 445 Tremont Street P.O. Box 750 N. Tonawanda, NY 14120 Ph. 716-690-2080; Fax: 716-690-2118 Cell: 716-331-8754 Stanley Gasiewicz, Administrator Tina Ford, DON	sgasiewicz2@kaleidahealth.org tford@kaleidahealth.org	B1 (2), B2 (2), C1 (4), C2 (4), C4 (3), D2 (2), D3 (3), D4 (1)	DeGraff Community Center 139 Division St. North Tonawanda, NY 716-692-8137	8	2

36

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

Respiratory Care

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
East Side Nursing Home, Inc. 62 Prospect Street Warsaw, NY 14569 Ph. 585-786-8151; Fax: 585-786-8390 Cell: 585-786-8151 Jerome Krull, Administrator Kelli Goulet, Staff Development Coord.	jkrull@bhcg.com kgoulet@bhcg.com	B1 (10), B2 (3), B3 (2), C1 (5), C2 (5), C4 (5), D2 (10), D3 (5), D4 (10)	Warsaw Central Schools 153 West Buffalo Street Warsaw, NY 14569 585-786-8000	10	6
Elderwood at Amherst 4459 Bailey Avenue Amherst, NY 14226 Ph. 716-835-2543; Fax: 716-835-7633 Cell: 716-863-8804 John Dunn, Administrator Javier Fernandez, Dir. Of Plant Ops	jdunn@elderwood.com jfernandez@elderwood.com	B1 (2), B2 (1), C1 (1), C2 (1), D2 (2), D3 (2), D4 (9), F	Eggertsville Fire Hall Eggert Rd. 716-689-1212	9	2
Elderwood at Cheektowaga 225 Bennett Road Cheektowaga, NY 14227 Ph. 716-681-9480; Fax: 716-681-8175 Cell: 716-796-5113 Lawrence Piselli, Administrator Thomas Tripi, Director of Operations	lpiselli@elderwood.com ttripi@elderwood.com	A2 (2), B1 (17), B2 (17), C1 (8), C2 (8), C4 (17), D2 (8), D3 (8), D4 (17), E1 (2), E3 (8), E4 (8), F	Resurrection Church Auditorium 130 Como Park Boulevard Cheektowaga, N.Y. 716-683-3712	17	4

37

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Elderwood at Grand Island 2850 Grand Island Blvd. Grand Island, NY 14072 Ph. 716-773-5900; Fax: 716-773-9728 Cell: 716-200-7831 Thomas DiJohn, Administrator Robert Fitzgerald, Dir. Of Maintenance	tdijohn@elderwood.com rfitzgerald@elderwood.com	B1 (1), B2 (1), C1 (1), C2 (1), D2 (2), D3 (1), D4 (3), F	Grand Island Fire Hall 2275 Baseline Road Grand Island, NY 14072 716-773-7508	9	2
Elderwood at Hamburg 5775 Maelou Drive Hamburg, NY 14075 Ph. 716-648-2820; Fax: 716-648-2980 Cell: 716-432-7999 Tim McCooey, Administrator Daniel Geary, Maintenance Director	tmccooey@elderwood.com dgeary@elderwood.com	A2 (3), B1, B2, B3, C1, C2, C3, C4, D2, D3, D4, E4, F	Hamburg Sr. High School 716-646-3302	16	4
Elderwood at Lancaster 1818 Como Park Blvd. Lancaster, NY 14086 Ph. 716-683-6165; Fax: 716-683-5326 Cell: 716-955-9935 Denise Bothwell, Administrator Deborah Wainwright, DON	dbothwell@elderwood.com dwainwright@elderwood.com	B1 (2), B2 (2), C1 (2), C4 (2), D2 (2), D3 (2), D4 (2), E4 (2), F	Cayuga Heights Elem. School 716-686-2452	10	4
Elderwood at Wheatfield 2600 Niagara Falls Blvd. Wheatfield, NY 14304 Ph. 716-215-8000; Fax: 716-215-8011 Cell: 716-525-3253 Shannon Cayea, Administrator Amy Bretherton, Administrative Assist.	scayea@elderwood.com abretherton@elderwood.com	B1-B3 (12), C1, D1-D4, E3-E4, F	Elderwood Residences at Wheatfield 100 Crestwood Court Wheatfield, NY 14304 716-215-8040 Fax 716-215- 8042 Security 289-6615 Administrator 954-3197	12	1

38

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I B4 = Behavior, Level II B5 = Behavior, Level III

Behavior/Dementia Care

IV and Wound Care

C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care

C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Elderwood at Williamsville 200 Bassett Road Williamsville, NY 14221 Ph. 716-689-6681; Fax: 716-689-2547 Cell: 716-481-4246 Scott West, Administrator Kathleen Wannemacher, DON	swest@elderwood.com kwannemacher@elderwood.com	A1 (1), A2 (4), A3 (1), B1 (6), B2 (3), C1 (5), C2 (5), C4 (10), D2 (10), D3 (10), D4 (20), E1 (4), E4 (20),	Heathwood Assisted Living at Williamsville 716-688-0111	20	2
Emerald North Nursing and Rehabilitation Center 1205 Delaware Avenue Buffalo, NY 14209 Ph. 716-885-3838; Fax: 716-885-2331 Cell: 716-949-3712 Phyllis Leffler, Administrator Betty Jo Hanna, Envir. Svcs Mgr.	pleffler@emeraldbuffalo.com bhanna@emeraldbuffalo.com	C1 (1), C2 (1), C4 (1), D1 (1), D2 (3), D4 (3), E4 (2), F	Canisius High School Delaware Ave. Buffalo, NY 14209 716-882-0466	9	3
Emerald South Nursing and Rehabilitation Center 1175 Delaware Avenue Buffalo, NY 14209 Ph. 716-885-6733; Fax: 716-885-2331 Cell: 716-430-1513 Betsy Long, Administrator Deborah Scales, DON	blong@emeraldbuffalo.com dscales@emeraldbuffalo.com	N/A	Canisius High School Delaware Ave. Buffalo, NY 14209 716-882-0466	12	3

Behavior/Dementia Care

IV and Wound Care

39

Special Therapies Bariatric Care/Other Special Needs

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing D3 = Tube Feeding D4 = Ortho/Rehab

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Father Baker Manor 6400 Powers Road Orchard Park, NY 14127 Ph.716-667-0001; Fax: 716-667-0028 Cell: 716-225-9307 Mark Wheeler, Administrator Greg Porto, Director of Plant Operations	mwheeler@chsbuffalo.org gporto@chsbuffalo.org	A2 (3), A3 (3), B1 (3), C1 (3), C2 (2), C3 (1), C4 (3), D2 (4), D3 (4), D4 (4), E3 (4), E4 (2), F	Armor Bible Presbyterian Church 716-648-4559	16	4
Fiddlers Green Manor Nursing Home 168 West Main Street Springville, NY 14141 Ph. 716-592-4781; Fax: 716-592-2249 Cell: 716-598-1076 Mary Swartz, Administrator Mark Smeltzer, Assist. Administrator	marys@avantemgmt.com msmeltzer@fgmanor.com	A2 (2), B1-B4 (2), C1 (2), D2- D4 (4 each), E1 (4), E2 (1)	Springville G I High School 716-592-3200	8	7
Fox Run at Orchard Park One Fox Run Lane Orchard Park, NY 14127 Ph. 716-508-2150; Fax: 716-508-2197 Cell: 716-989-8500 Michelle Murtha Kraus, Adm./Contact Ken Swain, Director of Facilities	mmurtha@foxrunorchardpark.com kswain@foxrunorchardpark.com	B1, B2, B3, B4, D2, D3, D4, E3, E4	Trinity Lutheran Church and School 716-923-3880	5	4

40

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Garden Gate Health Care Facility 2365 Union Road Cheektowaga, NY 14227 Ph. 716-668-8100; Fax: 716-668-3516 Cell: 716-270-7886 Patrick McFeely, Administrator Kris Anderson, DON	pmcfeely@mcguiregroup.com kanderson@mcguiregroup.com	A2 (4), B1 (18), C1-C5 (5), D2 (5), D3 (10), D4 (18), E1 (1)	Apple Tree Business Park 2875 Union Rd Cheektowaga, NY 716-479-5850 (24 hr security number)	20	4
Genesee County Nursing Home 278 Bank Street Batavia, NY 14020 Ph. 585-344-0584; Fax: 585-344-4685 Cell: 585-752-6932 Sharon Zeames, Administrator Jeanne Sheelar, Administrative Assist.	sharon.zeames@co.genesee.ny.us jsheelar@co.genesee.ny.us	B2 (4), C1 (3), C2 (3), C4 (4 Complex dressings only), F	Genesee County Office For the Aging 2 Bank Street Batavia, NY 14020 585-343-1611	16	6
Gowanda Rehabilitation and Nursing Ctr. 100 Miller Street Gowanda, NY 14070 Ph. 716-532-5700; Fax: 716-532-5703 Cell: 716-393-7145 Eili Kaganoff, Administrator Frank Testa, Maintenance Director	ekaganoff@grncrehab.com ftesta@grncrehab.com	A2 (3), B1 (5), C1 (5), C2 (5), C4 (5), D1-D4 (5), E1 (3)	VFW Post 5007 716-532-5817	16	5
Greenfield Health & Rehab. Center 5949 Broadway Avenue Lancaster, NY 14086 Ph. 716-684-3000; Fax: 716-684-3380 Cell: 716-491-7972 Darlene Jones Crispell, Administrator Nick Kwasniak, Exec. Dir. Env. Svcs.	dcrispell@niagaralutheran.org nkwasniak@niagaralutheran.org	B1 (2), B2 (2), C1 (5), C2 (2), D2 (16), D3 (3), D4 (16)	Lord of Life Lutheran Church 1025 Borden Road Depew, NY 14043 716-668-8000	16	4

41

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative
B2 = Dementia, occasionally combative
B3 = Behavior, Level I
B4 = Behavior, Level II

Behavior/Dementia Care

B5 = Behavior, Level III

IV and Wound Care C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES Harris Hill Nursing Facility	Email	Special Care Provided A2 (2),	Stop-Over Point	Capacity to Receive	Sector
2699 Wehrle Rd. Williamsville, NY 14221 Ph. 716-632-3700; Fax: 716-929-1719 Cell: 716-319-7782 Jonathan Hart, Administrator Aron Gatti, Envir. Svcs Mgr.	jhart@mcguiregroup.com agatti@mcguiregroup.com	B1 (3), B2 (1), C1 (10), C2 (5), D2, D3, D4 (4), F	Medical Office Building, 2733 Wehrle Rd., Williamsville, NY 14221 Contact Number is (716) 983-6617	19	2
Heritage Green Rehab and Skilled Nursing 3023 Route 430, P.O. Box 400 Greenhurst, NY 14742 Ph. 716-483-5000; Fax: 716-488-2414 Cell: 716-397-4365 Jeff Ondrey, Administrator Randy Jackson, Dir. Eniv. Svcs	jondrey@heritage1886.org rjackson@heritage1886.org	A2 (1), A3 (2), B1 (1), C1 (1), C2 (2), D2 (2), D3 (2), D4 (2), E3 (1), E4 (1),	Fluvanna Community Church 3363 Fluvanna Ave Ext. Jamestown, NY 14701 Pastor Dayle Keefer Church: 716-484-0553 716-487-2255	13	5
Heritage Park Rehab & Skilled Nursing 150 Prather Avenue Jamestown, NY 14701 Ph. 716-488-1921; Fax: 716-484-9370 Cell: 716-708-9299 Deborah Bergey, Administrator Jeff Chase, DON	dbergey@heritage1886.org jchase@heritage1886.org	A2 (2), B1 (4), B2 (1), B3 (1), C1 (2), C2 (2), D3 (4), D4 (2), E3 (2), F	Salvation Army 83 S. Main St Jamestown, NY 716-664-4108 after 4 pm: 483-0830	15	5

42

Respiratory Care

A1 = Ventilator Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care**

C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Heritage Village Rehab & Skilled Nursing 4570 Route 60 Gerry, NY 14740 Ph. 716-985-4612; Fax: 716-985-4197 Cell: 607-760-4039 Jeremy Rutter, Administrator Chris Wahl, Dir. Environmental Svcs	jrutter@heritage1886.org cwahl@heritage1886.org	A2 (2), B1 (4), C1 (2), D2 (2)	Schwab Manor Heritage Village Retirement 716-985-6836	12	5
Highland Park Rehabilitation & Nursing Center 160 Seneca Street Wellsville, NY 14895 Ph. 585-593-3750; Fax: 585-593-5860 Cell: 585-808-3750 James Fuller, Administrator Mark Transki, Maintenance Director	jfuller@highlandparkrehab.com mtranski@highlandparkrehab.com	N/A	Shepherd of the Valley 4164 Fasset Lane 585-593-3274	8	7
HighPointe on Michigan 1031 Michigan Avenue Buffalo, NY 14203 Ph. 716-748-3101; Fax: 716-748-3288 Cell: 716-331-8212 Colleen Krauss, Administrator Elizabeth Connors, Exec. Secretary	ckrauss@kaleidahealth.org econnors@kaleidahealth.org	A1, A2, A3, A4, B1, B2, C1, C2, C3, C4, D2, D3, D4, E1, E3	City Honors School 186 East North Street Buffalo, NY 14204 716-816-4230	30	3

43

A1 = Ventilator Care

Respiratory Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Hospice of Orleans, Inc. 14090 Rt. 31 West, P.O. Box 489 Albion, NY 14411 Ph: 585-589-0809; Fax: 585-589-5304 Cell: 585-331-2141 Joel L. Allen, Director of Finance Maryanne Fischer, Executive Director	jallen@hospiceoforleans.org mfischer@hospiceoforleans.org	A2 (1) B1 (1) C1(1) D1(1) E1 (1) C2 (1) D2 (1) D3 (1) E3 (1) F (1)	Hospice of Orleans, Inc. Main Office Building, 14080 Rt. 31 West, Albion, NY 14411 585-589-0809	1	1
Humboldt House Rehab. and Nursing Ctr. 64 Hager Street Buffalo, NY 14208 Ph. 716-886-4377; Fax: 716-886-0036 Cell: 716-864-7313 Edin Thompson, Administrator Patrick Learn, Director of Maintenance	ethompson@humboldthouse.org plearn@humboldthouse.org	B1 (3), B2 (3), C2 (3), D2 (3), D3 (3), D4 (5), E3 (2), E4 (3)	Holy Trinity Lutheran Church 1080 Main Street Buffalo, NY 14209 716-886-2400 Cell: Rev. Lee Miller 716- 860-6060	17	3
Jennie B Richmond Chaffee Nursing Home 222 East Main Street Springville, NY 14141 Ph. 716-592-2871; Fax: 716-592-8103 Cell: 716-289-0064 Roger Soricelli, Adm./Contact Trish Loveless, Business Ofc. Mgr.	rsoricelli@bch-jbr.org ploveless@bch-jbr.org	D3 (2), D3 (3), D4 (6)	Bertrand Chaffee Hospital 224 East Main Street Springville NY 14141 716-592-2871 X 1200	8	7

44

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Lutheran Retirement Home and Rehabilitation Center 715 Falconer Street Jamestown, NY 14701 Ph. 716-665-4905; Fax: 716-720-9316 Cell: 716-450-8022 Thomas Holt, Administrator Joseph Gaughn, Director of Maintenance	tholt@lutheran-jamestown.org jgaughn@lutheran-jamestown.org	B1 (1), C1 (1), C2 (1), D2 (1), D3 (1), D4 (2), F	Gustavus Adolphus Children's Home 716-665-2116	14	5
McAuley Residence 1503 Military Road Kenmore, NY 14217 Ph. 716-447-6600; Fax: 716-447-6620 Cell: 716-432-5810 Dawn Clabeaux, Administrator Deb Smith, DON	dclabeaux@chsbuffalo.org dsmith@chsbuffalo.org	A2 (2), C1 (2), C2 (2), C3 (2), C4 (2), D1 (2), D2 (2), D3 (2), D4 (2), E1 (2)	Kenmore Mercy Hospital 716-447-6100	16	2
Medina Memorial Hospital SNF 200 Ohio St. Medina N.Y. 14103 Ph. 585-798-2000; Fax: 585-798-8107 Cell: 585-331-1102 Jennifer Maynard, Administrator Joanna Miller, Director of EP	jmaynard@medianmemorial.org jmiller@medinamemorial.org	B1 (3), B2 (1), D2 (3), D4 (3), F	Medina Central School 1016 Gwinn St Medina 14103 585-798-2700	3	1

45

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Mercy Nursing Facility at OLV/LIFE 55 Melroy Avenue Lackawanna, NY 14218 Ph. 716-819-5300; Fax: 716-819-5309 24/7 number: 716-949-5988 Cell: 716-574-1974 Patricia O'Connor, Administrator Sally Smith, DON	poconnor@chsbuffalo.org ssmith2@chsbuffalo.org	C1 (2), C2 (2), D3 (2), D4 (2), F	Victory Ridge Apartments 55 Melroy Ave, Bldg A Lackawanna, NY 14218 716-819-5090	8	3
NYS Veterans Home at Batavia 220 Richmond Avenue Batavia, NY 14020 Ph. 585-345-2083; Fax: 585-345-9030 Cell: 716-481-3992 Joanne Hernick, Administrator Ken Kieliszek, Health Program Administrator	kkieliszek@nysvets.org JIH49@nysvets.org	C1 (2), C2 (2), C4 (2 if equip/ supplies brought), D2 (2), D3 (2), D4 (2), E3 (2)	Batavia VA Medical Center Bldg. #4 585-343-7500	12	6
Newfane Rehab. & Health Care Ctr. 2709 Transit Road Newfane, NY 14108 Ph. 716-778-7111; Fax: 716-778-9218 Cell: 716-860-6057 Matthew McDougall, Administrator Jim Haas, Director of Plant Operations	mmcdougall@newfanerehab.com jhaas@newfanerehab.com	A2 (2), A3 (2), B1 (10), B2 (10), C1 (3), C2 (3), C4 (3), D2 (4), D3 (4), D4 (6), F	Newfane M. S. 716-778-7544	17	1

46

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Niagara Hospice House 4675 Sunset Drive Lockport, NY 14094 Ph. 716-280-0600; Fax: 716-439-4538 Cell: 716-471-4392 Joann Stoll, RN, CHPN VP of Hospice Services	joann.stoll@niagarahospice.com	N/A	Homecare Building 4675 Sunset Drive, Lockport, NY 14094 716-439 4417	2	1
Niagara Rehabilitation and Nursing Center 822 Cedar Avenue Niagara Falls, NY 14301-1136 Ph. 716-282-1207; Fax: 716-282-8589 Cell: 716-866-8677 Bryan Donovan, Administrator Heather Martindale, Director of Nursing	bdonovan@niagararehab.com hmartindale@niagararehab.com	B1 (8), B2 (2), D2 (2), D3 (2), D4 (2)	Niagara Towers 901 Cedar Ave., Niagara Falls, NY 14301 716-284-4488	16	1
Northgate Healthcare Facility 7264 Nash Road N. Tonawanda, NY 14120 Ph. 716-694-7700; Fax: 716-694-7720 Cell: 716-913-4155 Terry Collins, Administrator Sherry Trinkwalder, DON	tcollins@mcguiregroup.com strinkwalder@mcguiregroup.com	A1 (2), B1 & B2 (2), C1- C2 & C4 (2), D3 & D4 (4)	Adams Fire Hall 716-433-4482	20	1
Odd Fellow & Rebekah Rehabilitation & Health Care Center, Inc. 104 Old Niagara Road Lockport, NY 14094 Ph. 716-434-6324; Fax: 716-434-4020 Cell: 716-417-1589 Eugene L. Urban, Administrator Jeff Costich, Director of Maintenance	e.urban@ofhcc.org j.costich@ofhcc.org	B1 (1), B2 (1), D2 (1), D3 (1), D4 (1), F	Wrights Corners Fire Hall 4043 Lake Avenue Lockport, NY 716-433-2759 FIRE CONTROL: 433-4482	10	1

47

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I B4 = Behavior, Level II B5 = Behavior, Level III

Behavior/Dementia Care

IV and Wound Care C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Orchard Manor, Inc. 600 Bates Road Medina, NY 14103 Ph. 585-798-4100; Fax: 585-798-1403 Cell: 716-425-2033 Peter Fadeley, Administrator Andrew Blackburn, Director of Bldg & Grounds	pfadeley@orchardmanor.com ablackburn@orchardmanor.com	A2 (2), B1 (16), B3 (8), C1 (8), C2 (16), C3 (1), C4 (1), D2 (2), D3 (8), D4 (16), E1 (3), E2 (1)	Shelby Volunteer Fire Dept. Route 63, Medina, NY 14103 585-798-2015	16	1
Our Lady Of Peace 5285 Lewiston Road Lewiston, NY 14092 Ph. 716-298-2900; Fax: 716-298-2800 Cell: 716-523-2543 Dale Dibble, Dir. Environmental Svcs. Teresa Dillsworth, Administrator	ddibble@ladyofpeace.org tdillsworth@ladyofpeace.org	N/A	Sacred Heart Villa School 5269 Lewiston Road Lewiston 284-8273	25	1
Pines Healthcare & Rehab Center – Machias, The 9822 Route 16, PO Box 310 Machias, NY 14101 Ph. 716-353-8516; Fax: 716-353-4316 Cell: 716-307-6897 Tammy Schmidt, Administrator Bev Fehringer, DON	twschmidt@cattco.org bafehringer@cattco.org	B1 (1), D3 (4), D4 (2), F	Machias Volunteer Fire Department 716-353-8793	11	7

48

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

Respiratory Care

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPNC4 = Complex Dressing/Negative

Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Pines Healthcare & Rehab Ctr - Olean, The 2245 W. State Street Olean, NY 14760 Ph. 716-373-1910; Fax: 716-373-1805 Cell: 716-785-7042 Timothy Hellwig, Administrator Marge Walsh, DON	thellwig@cattco.org mlwalsh@cattco.org	A2 (1), A3 (1), B1 (2), D1 (1), D2 (1), D3 (3), D4 (2)	Archbishop Walsh High School 208 N. 24 th St. Olean, NY 14760 716-372-8122	12	7
Rosa Coplon Jewish Home & Infirmary 2700 N. Forest Road Getzville, NY 14068 Ph. 716-639-3311; Fax: 716-639-3309 Cell: 716-432-4541 William Gillick, Administrator Amber Ezzo, Director of Nursing	wgillick@weinbergcampus.org aezzo@weinbergcampus.org	B1 (2), C1 (3), D2 (5), D3 (5), D4 (3)	461/471 John James Audubon Parkway Total Aging in Place / Benderson Village at the Weinberg Campus 716-639-3311	18	2
Safire Rehabilitation of Northtowns 2799 Sheridan Drive Tonawanda, NY 14150 Ph. 716-837-4466; Fax: 716-332-3520 Cell: 716-628-9939 Sharon Zeames, Administrator Dayan Ruffin, DON	szeames@glcmail.net druffin@glcmail.net	B1 (1), B2, D3 (3), C1 (3), C2 (4), D4 (3), E1 (1)	Williamsville View 165 S. Union Rd. Williamsville, NY 14221 Phone: (716) 633-9610	10	2
Safire Rehabilitation of Southtowns, LLC 300 Dorrance Avenue Buffalo, NY 14220 Ph. 716-566-5252; Fax: 716-825-0335 Cell: 716-400-3122 Chris Otterbein, Administrator Debbie Ballou, DON	cotterbein@glcmail.net dballou@glcmail.net	B1 (12), C1 (1), C2 (1), D2 (2), D3 (2), D4 (12), F	Mercy Nursing Facility at OLV 55 Melroy Avenue Buffalo, NY 14220 716-819-5300	12	3

49

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

Respiratory Care

A4 = Chest PT

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

Behavior/Dementia Care

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPNC4 = Complex Dressing/Negative

Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
St. Catherine Laboure Health Care Center 2157 Main Street Buffalo, NY 14214 Ph. 716-862-1077; Fax: 716-862-1443 Cell: 716-548-0497 Jeffrey Toczek, Administrator Tom Smalley, Safety Manager	jtoczek@chsbuffalo.org tsmalley@chsbuffalo.org	A2 (2), B1 (8), B2 (2), B3 (1), C1 (4), C2 (2), C4 (2), D1 (2), D2 (3), D3 (4), D4 (4), E1 (2) E3 (8), E4 (8), F	Sisters of Charity Hospital	8	3
Schoellkopf Health Center 621 Tenth Street Niagara Falls, NY 14302 Ph. 716-278-4578; Fax: 716-278-4876 Cell: 716-479-3699 John Durno, Administrator Maria Knack, Administrative Assist.	john.durno@nfmmc.org maria.knack@nfmmc.org	A2 (2), B1 (10), B2, C1 (2), C2 (2), D1 (2), D2 (4), D3 (4), D4 (12), E1 (1), E3 (2), E4 (2)	Spallino Towers 720 Tenth St 716-285-5505	12	1

50

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN C4 = Complex Dressing/Negative

Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Schofield Residence 3333 Elmwood Avenue Kenmore, NY 14217 Ph. 716-874-1566; Fax: 716-874-6942 Cell: 716-361-8616 Randy Gerlach, Administrator Dawn Friend, RN, DON	rgerlach@schofieldcare.org dfriend@schofieldcare.org	B1-B4, C1-C2, D1-D4, F (no more then 4 in each category)	St. John's Ukranian Church 716-873-5011	12	2
Seneca Health Care Center 2987 Seneca Street West Seneca, NY 14224 Ph. 716-828-0500; Fax: 716-828-1377 Cell: 716-946-1122 Katie Witherell, Administrator Amy Schleer, Director of Nursing	kwitherell@mcguiregroup.com aschleer@mcguiregroup.com	A2 (16), B1 (16), B2 (16), B3 (16), B4 (16), C1 (16), C2 (16), C4 (16), D1 (16), D2 (16), D3 (16), D4 (16), E3 (16), E4 (16)	West Middle School 395 Center Road West Seneca, NY 14224 716-677-3500	16	4

51

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Terrace View Long Term Care 462 Grider Street Buffalo NY 14215 Ph. 716-551-7100; Fax 716-551-7193 Cell: 716-289-6040 Anthony Depinto, Administrator Mary Ann Fix, Administrative Assistant	adepinto@ecmc.edu mfix@ecmc.edu	A1 (1), A2 (4), A3 (1), A4 (1), B1 (7), B2 (5), C1 (19), C2 (19), C4 (19), D1 (19), D2 (19), D3 (19), D4 (6), E1-2 (1), E3-4 (1),	School #84 462 Grider Street Buffalo NY 14215 716-898-3599	39	3
TLC Health Network - Lakeshore Health Care Center 845 Routes 5 & 20 Irving, NY 14081 Ph. 716-951-7035; Fax: 716-951-7298 Cell: 585-509-6618 John Galati, Administrator Carrie Fix, Administrative Assistant	jgalati@tlchealth.org cfix@tlchealth.org	A2 (2), C1, C2, D2-D4	Sunset Bay Fire Hall 716-934-4880	12	5
Villages of Orleans Health & Rehabilitation, The 14012 Route 31 Albion, NY 14411-9353 Ph. 585-589-3238; Fax: 585-589-6567 Cell: 716-289-3737 Tom Hopkins, Administrator Debra Donnelly, DON	thopkins@thevillagesoforleans.com ddonnelly@thevillagesoforleans.com	B2 (2), D4 (4), E1 (1), F	Albion High school 585-589-2056	12	1

52

A1 = Ventilator Care
A2 = Tracheostomy Care
A3 = Passey Muir Valve
A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

Behavior/Dementia Care

IV and Wound Care

C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care

C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury
D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding
D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

atic Brain Injury
/Speech/Swallowing
Feeding

E1 = Bariatric over 350lbs
E2 = Bariatric over 600lbs
E3 = Auto-immune Diseases

E4 = Infectious Diseases

		Special		Capacity	
NURSING FACILITIES	Email	Care	Stop-Over Point	to	Sector
		Provided		Receive	
Wellsville Manor Care Center		A2 (3),			
4192a Bolivar Rd		A4 (3),			
Wellsville, NY 14895		B1 (12),			
Ph. 585-593-4400; Fax: 585-593-4418		B2 (6),	Primary		
Cell: 585-278-4348		B3 (6),	Shepherd of the Valley		
Tammy Henning, Administrator		B4 (3),	Church		
, , , , , , , , , , , , , , , , , , , ,	thenning@	C1 (4),			
	wellsvillemanorcarecenter.com	C2 (4),	Secondary	12	7
		C4 (1),	Manor Hills 4192b Bolivar		
		D2 (12),	Rd		
		D3 (4),	Wellsville, NY		
		D4 (12),	585 593-3274		
		E1 (1),			
		E3 (4),			
		E4 (1), F			
Williamsville Suburban		B1 (22),			
193 S. Union Rd.		B2 (22),			
Williamsville, NY 14221		B3 (22),			
Ph. 716-276-1900; Fax: 716-632-2308	ngallaher@glcmail.net	C1 (5),	Williamsville View		
Cell: 716-713-0262		C2 (5),	163 S. Union	22	2
Nicole Gallagher, Administrator	bmartin@glcmail.net	D1 (10),	Williamsville, NY	22	
Bob Martin, Chief Engineer		D2 (15),	716-632-6152		
		D3 (10),			
		D4 (22),			
		E1 (3), F			

53

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I

B3 = Behavior, Level I B4 = Behavior, Level II B5 = Behavior, Level III

Behavior/Dementia Care

IV and Wound Care

C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Dressing/Negative
Pressure Wound Care

C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

Bariatric Care/Other Special Needs E1 = Bariatric over 350lbs

E1 = Bariatric over 330lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

NURSING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity to Receive	Sector
Wyoming County Community Hospital/Nursing Facility 400 North Main Street Warsaw, NY 14569 Ph. 585-786-2233; Fax: 585-786-1226 Cell: 585-314-0341 Dawn James, Administrator Dawn Kilner, RN, DON Brian Meyers, Emergency Preparedness Coordinator	djames@wcchs.net dkilner@wcchs.net bmeyers@wyomingco.net	A2 (2), A4 (6), B1 (8), C1 (6), C2 (6), C3 (6), C4 (12), D1 (2), D2 (6), D3 (8), D4 (12), E1 (2), E3 (6), E4 (12),	Wyoming County Community Hospital/Nursing Facility	14	6

54

A1 = Ventilator Care

Respiratory Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

Adult Homes and Assisted Living Facilities

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Absolut Care of Orchard Brooke 6060 Armor Road Orchard Park, NY 14127 Ph. 716-662-6753; Fax: 716-662-2743 Cell: 716-796-8975 Jennifer May, Administrator Stacey Pillath, RN, DON	jmay@absolutcare.com staceyp@absolutcare.com	N/A	□ Primary Stopover Point: Absolut of Orchard Park 6060 Armor Road, Orchard Park 14127 716-662-4433. □ Distant Evac. Point: Absolut Facilities Management 300 Gleed Avenue, East Aurora 14052	8	4
Amberleigh Assisted Living and Memory Care 2330 Maple Road Williamsville, NY 14221 Ph. 716-689-4195 Fax: 716-636-3687 Cell: 716-866-8777 Margaret Kleinmann, Administrator Catherine Dunlavey, Assistant Director	mkleinmann@capitalseniorliving.net cdunlavey@capitalseniorliving.net	FACILITY DUE TO OPEN LATE SUMMER 2 Memory Care; 5 Assisted Living	Amherst Senior Center	9	2

Revised: February 2017

A1 = Ventilator Care A2 = Tracheostomy Care

A3 = Passey Muir Valve

A4 = Chest PT

Respiratory Care

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

55

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative
Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Applegate Manor 400 Ohio Street Medina, N.Y. 14103 Ph. 585-798-3420; Fax: 585-798-3433 Cell: 585-281-6327 Tricia Trupo, Administrator Rick Johnson, Owner/Operator	applegate90@yahoo.com rjohnson58us@yahoo.com	N/A	Cloverhill Adult Residence 355 South Main Street Albion, NY 14411 585-589-7832	3	1
Bergquist Adult Home 4600 Route 60, P.O. Box 350 Gerry, NY 14740 Ph. 716-985-6832; Fax: 716-338-0159 Cell: 716-499-6976 Rebecca LeBaron, Administrator Matt Myschisin, Dir. Envir. Svcs.	rlebaron@heritage1886.org mmyschisin@heritage1886.org	N/A	Heritage Village Rehab & Skilled Nursing 4570 Rt 60, Gerry, 14740 716-985-4612	3	5
Blocher Homes, The 135 Evans Street Williamsville, NY 14221 Ph. 716-810-7400; Fax: 716-631-9244 Cell: 716-417-2949 Barbara Gorenflo, Administrator James Neuman, Dir. Of Plant Ops	bgorenflo@beechwoodcare.org jneuman@beechwoodcare.org	N/A	Williamsville South H.S. 5950 Main Street Williamsville, 14221 716-626-8200	6	2

56

A1 = Ventilator Care

Respiratory Care

A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Briarwood Manor, Inc. 1001 Lincoln Avenue Lockport, NY 14094 Ph. 716-433-1513; Fax: 716-438-0919 Cell: 716-435-7200 Mark Ferreri, Administrator Jonathan Eckert, Maintenance Super.	mferreri@briarwoodmanor.com jeckert@briarwoodmanor.com	B1 (2)	South Lockport Fire Hall Transit Road 716-434-4944 Cell 870-3293	16	1
Bristol Home 1500 Main Street Buffalo, NY 14209 Ph. 716-884-4371; Fax: 716-884-0850 Cell: 716-361-4661 Shaton Ozolins, Administrator Mike Schueler, Maintenance Director	sozolins@bristolhome.org mschueler@bristolhome.org	N/A	Catholic Academy: 716-885-6111 (school hrs.); 716-884-0053 (non school hrs.)	5	3
Bristol Village 8455 Clarence Center Road Clarence, NY 14032 Ph. 716-319-9500; Fax: 716-319-9501 Cell: 716-481-8037 Michael Helbringer, Administrator Kreig Larson, Director of Facilities	Mhelbringer@bristolhome.org klarson@bristolhome.org	N/A	Vinecroft 5945 Vinecroft Drive Clarence Center 14032 716-741-7741	10	2

A1 = Ventilator Care A2 = Tracheostomy Care

A3 = Passey Muir Valve A4 = Chest PT

Respiratory Care

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

57

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPNC4 = Complex Dressing/Negative **Pressure Wound Care**

C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Brompton Heights 275 Brompton Road Williamsville, NY 14221 Ph. 716-634-5734; Fax: 716-634-1416 Cell: 716-368-6088 Kelly Wright, Administrator Pete Riester, Safety Officer	kwright@hamistergroup.com priester@bromptonheights.com	B1 (2)	St Gregory the Great 200 St Gregory Court Williamsville, 14221 716-688-5323	16	2
Brookdale Bassett Park Manor 111 St. Gregory Ct. Williamsville, NY 14221 Ph. 716-689-2394; Fax: 716-689-2763 Cell: 585-560-2360 Wendy Marx, Executive Director Dan Sikorski, Maintenance Director	wendy.marx@brookdale.com dan.sikorski@brookdale.com	N/A	St. Gregory The Great Church 716-688-5678	7	2
Brookdale Bassett Road 245 Bassett Road Williamsville, NY 14221 Ph. 716-688-4011; Fax: 716-204-5947 Cell: Mary Beth MacClaren, Executive Director Terrance Coleman	marybetth.macclaren@brookdale.com terrance.coleman@brookdale.com	B1 (2)	St. Gregory the Great Church 716-688-5678 and Jewish Community Center	10	2

58

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care

A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Brookdale Kenmore 2971 Delaware Avenue Kenmore, NY 14217 Ph. 716-874-3200; Fax: 716-873-4953 Cell: 716-906-0130 Eric Bernard, Administrator Dave Cole, Maintenance Mgr.	ebernard@brookdale.com dcole4@brookdale.com	N/A	St. Pauls Church 33 Victoria Blvd Kenmore, 14217 716-875-2730	14	2
Brookdale Lakewood 220 Southwestern Drive Lakewood, NY 14750 Ph. 716-665-2414; Fax: 716-665-2978 Cell: 716-490-5447 Joy King, Administrator Justin Foster, Maintenance Technician	Joy.king@brookdale.com justin.foster@brookdale.com	N/A (Enriched License)		10	5
Brookdale Niagara Memory Care 6751 Nash Road North Tonawanda, NY 14120 Ph. 716-731-1461; Fax: 716-731-1521 Cell: 716-253-0276 Mary Lou Perry, Executive Director Adam Ziegler, Maintenance Tech	mperry@brookdale.com aziegler@brookdale.com	B1 (4), B2 (4)	Adams Fire Co. 7113 Nash Road, Wheatfield, 14120 716-692-3212 or 911	4	1

59

Respiratory Care

A1 = Ventilator Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Brookdale Williamsville 6076 Main Street Williamsville, NY 14221 Ph. 716-632-7123; Fax: 716-632-7512 Cell: 716-908-5908 Kathleen Hyland Dion, Exec. Dir Scott Rogers, Maintenance Tech.	khylanddion@brookdale.com srogers1@brookdale.com	B1 (5), B2 (5), B3 (5)	Main Transit Fire Hall	5	2
Brothers of Mercy Sacred Heart Home 4520 Ransom Road Clarence, NY 14031 Ph. 716-759-2644; Fax: 716-759-6433 Cell: 716-512-8422 Marion Hummell, Administrator Murad Ramadan, Envir. Of Care Director	Marion@brothersofmercy.org ramadan@brothersofmercy.org	N/A	Primary Brothers of Mercy Nursing and Rehabilitation Center Secondary Clarence Senior High School 9625 Main St Clarence, 14031 407-9020 407-9131 or 407-9043 Cell phone 868-0963	7	2
Canterbury Woods - Assisted Living 705 Renaissance Drive Williamsville, NY 14221 Ph. 716-929-5800; Fax: 716-929-5108 Cell: 716-818-1740 Isadore A. De Marco, Administrator Dave O'Brien, Facilities Director	idemarco@echa.org dobrien@echa.org	N/A	St. Gregory the Great Church 100 St. Gregory Ct. Williamsville, 14221 716-688-5678	3	2

60

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care
C2 = Peripheral, PICC, Central Line
C3 = TPN
C4 = Complex Pressing/Negative

C4 = Complex Dressing/Negative Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Cloisters, The 171 N Maple Street Warsaw NY 14569 Ph. 585-786-8727; Fax: 585-786-0436 Cell: 585-704-5621 Kevin Ward, Adm./Owner	cloister@frontiernet.net	N/A	Warsaw Central School West Court Street Warsaw, 14569 585-786-8000	4	6
Cloverhill Adult Residence 355 South Main Street Albion, NY 14411 Ph. 585-589-7832; Fax: 585-589-7833 Cell: 585-281-6325 Melody Parker, Administrator Alan Johnson, II, Owner	cloverhill87@yahoo.com rjohnson58us@yahoo.com	N/A	Applegate Manor Adult 400 Ohio Street Medina, N.Y. 14103 585-798-3420	5	1
Dosberg Manor Adult Home 2680 N. Forest Road Getzville, NY 14068 Ph. 716-639-3311, ext 2507 Fax: 716-689-0008 Cell: 716-550-1961 Dana Notaro, Administrator Joe Iarocci, HR/Safety Mgr.	dnotaro@weinbergcampus.org jiarocci@weinbergcampus.org	N/A	Total Aging in Place Program 461 John James Audubon Parkway Getzville, 14068 716-250-3100 Secondary: Greenwood Residence 660 Mineral Springs Road West Seneca, 14224 716-827-4060	10	2

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

IV and Wound Care

61

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury

D3 = Tube Feeding D4 = Ortho/Rehab

E1 = Bariatric over 350lbs D2 = Stroke/Speech/Swallowing

E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

Needs

Bariatric Care/Other Special

E4 = Infectious Diseases

F = CPR Certified Staff 24/7

Respiratory Care

A1 = Ventilator Care

A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative

B5 = Behavior, Level III

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Eden Heights-Eden Adult Care Facility 4071 Hardt Road Eden, NY 14057 Ph. 716-992-4466; Fax: 716-992-9078 Cell: 716-471-1705 Rise Pirinelli, Administrator	rpirinelli@EdenHeights.com	N/A	East Eden Fire Hall 716-992-3160	12	4
Eden Heights-Olean Adult Care Facility 161 South 25 th Street Olean, NY 14760 Ph. 716-372-4466; Fax: 716-372-1681 Cell: 716-969-6035 Joni Hewitt, Administrator Kelly Wilkins, Business Ofc. Mgr.	jhewitt@edenheights.com kwilkins@edenheights.com	N/A	Washington West School 716-375-8000	12	7
Eden Heights-West Seneca Adult Care Facility 3030 Clinton Street West Seneca, NY 14224 Ph. 716-822-4466; Fax: 716-822-5107 Cell: 716-432-7256 Terry Castanza, Administrator Danielle Beilman, Case Manager	Tcastanza@edenheights.com dbeilman@edenheights.com	N/A	Winchester Community Church 909 Harlem Road West Seneca, New York 14224, Cell # 716-574-2248	12	4

62

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve A4 = Chest PT

B1 = Dementia, non combative B2 = Dementia, occasionally combative B3 = Behavior, Level I B4 = Behavior, Level II

Behavior/Dementia Care

B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPNC4 = Complex Dressing/Negative

Pressure Wound Care C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Elderwood Assisted Living at Cheektowaga 229 Bennett Road Cheektowaga, NY 14227 Ph. 716-681-8631: Fax: 716-681-8762 Cell: 716-713-5157	pbowen@elderwood.com	N/A	Resurrection Church 130 Como Park Blvd. Cheektowaga 716-683-3712	8	4
Paula C. Bowen, Administrator Elderwood Assisted Living at Hamburg 76 Buffalo Street Hamburg, NY 14075 Ph. 716-649-7676; Fax: 716-648-5670 Cell: 716-206-4907 Lisa Ippolito, Administrator Steven Nawrocki, Envir. Svcs. Mgr	lippolito@elderwood.com snawrocki@elderwood.com	N/A	Union Pleasant and Charlotte Elem. 716-646-3370	10	4
Elderwood Assisted Living at Tonawanda 111 Ensminger Road Tonawanda, NY 14150 Ph: 716-871-1814; Fax: 716-871-0809 Cell: 716-479-3682 Brenda West, Administrator	bwest@elderwood.com	N/A	Town of Tonawanda Senior Center 716-874-3266	10	2

Behavior/Dementia Care

B1 = Dementia, non combative

B4 = Behavior, Level II

IV and Wound Care

63

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

F = CPR Certified Staff 24/7

Respiratory Care

A4 = Chest PT

A1 = Ventilator Care A2 = Tracheostomy Care

A3 = Passey Muir Valve

B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B5 = Behavior, Level III

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Elderwood Assisted Living at West Seneca 580 Orchard Park Road West Seneca, NY 14224 Ph. 716-677-4242; Fax: 716-677-0883 Cell: 716-984-4806 Susan McVay, Administrator Cheryl Bierma, Resident Case Manager	smcvay@elderwood.com cbierma@elderwood.com	N/A	West Seneca Senior H.S. 3330 Seneca St. W. Seneca 716-677-3350 and 716-609-3078	12	4
Elderwood Assisted Living at Wheatfield 2600 Niagara Falls Blvd Wheatfield, NY 14304 Ph: 716-731-2200; Fax: 716-731-9616 Cell: 716-796-1092 Holly Deyarmond, Administrator Jean Greenland, DON	hdeyarmond@elderwood.com jgreenland@elderwood.com		Crestwood Commons 100 Crestwood Court 716-215-8040	6	1
Elderwood Village at Williamsville 5271 Main Street Williamsville, NY 14221 Ph. 716-565-9663; Fax: 716-565-2311 Cell: 716-864-9782 Robin Secord, Administrator Jeff Artieri, Environmental Services Manager	rsecord@elderwood.com jartieri@elderwood.com	N/A	Forest Elementary School 716-626-9800	8	2

64

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative
Pressure Wound Care
C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Fox Run at Orchard Park One Fox Run Lane Orchard Park, NY 14127 Ph. 716-508-2150; Fax: 716-508-2197 Cell: 716-989-8500 Michelle Kraus, Administrator Ken Swain, Director of Facilities	mkraus@foxrunorchardpark.com jfino@foxrunorchardpark.com	B1, B2, B3, B4, D2, D3, D4, E3, E4	Trinity Lutheran Church and School 716-923-3880	6	4
Frewsburg Rest Home, Inc. 106 West Main Street Frewsburg, NY 14738 Ph: 716-569-3095 Fax: 716-569-5775 Cell: 716-397-3816 Terri Ingersoll, Administrator Brad Lawson, Operations Director	tingersoll@tanglewoodmanor.com blawson@tanglewoodmanor.com	N/A	Frewsburg High School 2 nd option: Frewsburg Fire Dept.	7	5
Garden House Residence, Weinberg Campus 2720 North Forest Rd Getzville, NY 14068 Ph: 716-639-3311(Ext. 2507) Fax: 716-250-0574 Cell: 716-550-1961 Dana Notaro, Administrator Joe Iarocci, HR / Safety Mgr	dnotaro@weinbergcampus.org jiarocci@weinbergcampus.org	B1 (4)	facility owned property - senior living facility 461 JJ Audubon Parkway Amherst NY 14228 716-250-3100	4	2

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

65

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Genesee County Nursing Home – Adult Home 278 Bank Street Batavia, NY 14020 Ph. 585-344-0584; Fax: 585-344-4685 Cell: 585-752-6932 Sharon Zeames, Administrator Jeanne Sheelar, Administrative Assist.	sharon.zeames@co.genesee.ny.us jsheelar@co.genesee.ny.us	N/A	Genesee County Office for the Aging 2 Bank Street, Batavia 585-343-1611	8	6
Glenwell DePaul 2248 Old Union Road Cheektowaga, NY 14226 Ph. 716-608-7000; Fax: 716-608-0151 Cell: 585-301-7872 Stacie Major, Administrator Judith Rodriguez, ALP Director	smajor@depaul.org jkrodriguez@depaul.org	B1 (2)	Resurrection Life Fellowship 2145 Old Union Road Cheektowaga, NY 14227 716-656-8995	12	4
Greenfield Court 5951 Broadway Lancaster, NY 14086 Ph. 716-684-8400; Fax: 716-684-8480 Cell: 716-880-9822 Chantal White, Adm./Contact	cwhite@niagaralutheran.org	N/A	Greenfield Health Rehab. Center 716-684-3000 off campus site of Lord of Life 1025 Borden Road Depew	5	4

Respiratory Care

A4 = Chest PT

A1 = Ventilator Care

A2 = Tracheostomy Care

A3 = Passey Muir Valve

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III **IV and Wound Care**

66

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Greenfield Terrace 5979 Broadway Lancaster, NY 14086 Ph. 716-681-4435, prompt 5 Fax: 716-681-6894 Cell: 716-704-8808 Judith Kelly RN, Administrator Paula Kassim, Dir of Health Svcs.	jkelly@niagaralutheran.org pkassim@niagaralutheran.org	B1 (4)	Greenfield Health Rehab. Center 716-684-3000 off campus site of Lord of Life 1025 Borden Road Depew	4	4
Heathwood Assisted Living at Williamsville 815 Hopkins Road Williamsville, NY 14221 Ph. 716-688-0111; Fax: 716-688-7266 Cell: 716-954-3197 Michele Ladouceur, Administrator Dave Duffy, Environmental Svcs. Dir.	mladouceur@heathwoodassistedliving.com dduffy@heathwoodassistedliving.com	B1 (4) 2 on secure unit	Elderwood Health Care at Oakwood 716-689-6681	12	2
Heritage Manor of Lockport 41 Lexington Court Lockport, NY 14094 Ph. 716-433-7626; Fax: 716-433-7769 Cell: 716-628-4928 Louis J. Stich, Administrator Joseph Enzinna, COO	loustich@gmail.com joe.enzinna@yahoo.com	N/A	Briody Health Care Facility 909 Lincoln Ave Lockport, NY 14094 716-434-6361	5	1

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

67

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D4 = Ortho/Rehab

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Hultquist Place 715 Falconer St Jamestown, NY 14701 Ph.716-720-9610; Fax:716-720-9609 Cell: 716-397-9386 Kathleen Lynch, Administrator Mala Reichard, Administrative Assistant	kathyl@lutheran-jamestown.org malar@lutheran-jamestown.org	N/A	Warner Place 155 Aldren Ave Jamestown, 14701 716-720-9430	10	5
Lockport Presbyterian Home 305 - 327 High Street Lockport, NY 14094 Ph. 716-434-8805; Fax: 716-434-6059 Cell: 716-445-4809 Colleen Bullion, Administrator Mary Brown, Administrative Assist.	cbullion@pscwny.org mbrown@pscwny.org	N/A	Kenan Center 433 Locust, Lockport, 14094 716-433-2617	6	1
Manor House, The 427 East Main Street Batavia, NY 14020 Ph. 585-344-2345; Fax: 585-344-4482 Cell: 716-560-2876 Sharon Weinel, Administrator Tina Hagen, Enriched Program Director	sweinel@themanorhouseasl.com thagen@themanorhouseasl.com			6	6

68

Respiratory Care

A4 = Chest PT

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPNC4 = Complex Dressing/Negative

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

Pressure Wound Care C5 = Daily Peritoneal Dialysis

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Mary Agnes Manor, LLC 307 Porter Avenue Buffalo, NY 14201 Ph. 716-881-0565; Fax: 716-881-0582 Cell: 716-432-4571 Mary Baker, Administrator Scott Schwenkel, Dir of Operations	marygb@roadrunner.com sschwenkel@aol.com	B1 (3-6)	D'Youville College 716-881 3200	20	3
Memory Garden 560 Fairmount Avenue W.E. Jamestown, NY 14701 Ph. 716-488-9434; Fax: 716-487-3072 Cell: 716-499-2663 Brad Lawson, Operations Manager Troy Taylor, Administrator	blawson@tanglewoodmanor.com ttaylor@tanglewoodmanor.com	N/A	Zion Covenant Church 520 Fairmount Ave Jamestown, 14701 716-488-9310	5	5
Mount View Assisted Living, Inc. 5465 Upper Mountain Road Lockport, NY 14094 Ph. 716-433-0790; Fax: 716-433-079 Cell: 716-716-957-0324 Stephanie Leathers, Administrator Christine O'Connor, Resident Care Manager	sleathers@davidcommunities.com coconnor@davidcommunities.com	N/A	Niagara Co. Department Mental Health 5467 Upper Mountain Road Lockport, NY 14094 716-439-7410	15	1

Respiratory Care

A4 = Chest PT

A1 = Ventilator Care

A2 = Tracheostomy Care

A3 = Passey Muir Valve

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II

B5 = Behavior, Level III

IV and Wound Care

69

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury

D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Oakwood Senior Living 2345 Delaware Ave. Kenmore NY 14217 Ph. 716-877-7171; Fax: 716-877-6383 Cell: 585-747-8479 Robin Wims, Administrator Aimee Sgarzi, ALP Director	rwims@kenwellgardens.com asgarzi@kenwellgardens.com		St. John the Baptist 1085 Englewood Ave Buffalo, NY 14223 Rev. Mike Parker 716-873-1122 After Hours: 716-400-7907	14	2
Orchard Grove Residences 2000 Southwestern Drive, WE Jamestown, NY 14701 Ph. 716-338-1600 Fax: 716-985-6690 Cell: 716-338-2124 Tammy DeVlieger, Administrator Matt Myschisin, Dir. Envir. Svcs.	tdevlieger@heritage1886.org mmyschisin@heritage1886.org	N/A	Southwestern Central School 600 Hunt Road Jamestown, NY 14701 716-484-1136	4	5
Orchard Heights, Inc. 5200 Chestnut Ridge Road Orchard Park, NY 14127 Ph. 716-662-0651; Fax: 716-662-3870 Cell: 716-262-6660 Colleen Roy, Administrator Brian Castiglia, Maintenance Dir.	croy@hamistergroup.com bcastiglia@orchardheights.com	N/A	Nativity of our Lord Church (school hall) 26 Thorn Avenue O.P. 14127 716-662-9339	14	4

70

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

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B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Park Creek Senior Living Community 410 Mill Street Williamsville, NY 14221 Ph. 716-632-3000; Fax: 716-632-3003 Cell: 716-984-6425 Geri Robinson, Administrator Tony Giambra, Envir. Director	grobinson@park-creek.com tgiambra@park-creek.com	B1 (9)	#1 Amherst Youth Foundation 5005 Sheridan Drive Williamsville, NY 14221 716-207-2163 #2 Faith United Church of Christ 1300 Maple Road Williamsville, 14221 716-689-7232	9	2
Peregrine's Landing at Orchard Park 101 Sterling Drive Orchard Park, NY 14127 Ph. 716-675-1022; Fax: 716-675-1007 Cell: 716-727-2337 Robert Collins, Administrator Paul Sansano, Maintenance Dir.	rcollins@peregrine-companies.com psansano@peregrine-companies.com	B2	Our Lady of the Sacred Heart 3148 Abbott Rd. Orchard Park, 14127 716-824-2935	5	4

71

Respiratory Care

A1 = Ventilator Care A2 = Tracheostomy Care A3 = Passey Muir Valve

A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care

C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Peregrine's Landing Senior Community 575 Cayuga Creek Road Cheektowaga, NY 14227 Ph. 716-893-3000; Fax: 716-893-3103 Cell: 716-264-3885 Sara Gentile, Administrator Paul Makowski, Maintenance Dir. Kelly Bolton, RN, Director of Nursing	sgentile@Peregrineslanding.com pmakowski@peregrineslanding.com kbolton@peregrineslanding.com	B1 (5)	Millenium Airport Hotel, 2040 Walden Ave. Buffalo, NY 14225 (716) 681-2400 Holiday Inn Amherst, 1881 NF Boulevard, Amherst NY 14226 (716)-691-8181 Hotel Indigo Amherst 10 Flint Rd. Amherst, NY 14228 (716) 689-4414 Day's Inn 4345 Genesee St. Cheektowaga NY 14225 (716) 631-0800	11	4
St. Columban's on the Lake 2546 Lake Road Silver Creek, NY 14136 Ph. 716-934-4515; Fax: 716-934-3919 Cell: 716-430-7981 Sr. Corona Colleary, Administrator Michele Yorke, Emergency Response Coordinator	ccolleary@stcolumbanshome.org myorke@stcolumbanshome.org	F	Our Lady of Mt. Carmel Assembly Hall Silver Creek, NY	5	5

72

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Southern Tier Meadows 4883 West Main Road Fredonia, NY 14063-9509 Ph. 716-679-4883 Fax: 716-679-4881 Cell: 716-753-6904 Debra Spinner, Administrator	spinnerd@stel.org	N/A	Lake Shore Community Chapel located at: 4552 West Main Road, Fredonia, NY 14063 (716) 679-4252	2	5
Symphony Living at Dunkirk 319 Washington Avenue Dunkirk, NY 14048 Ph. 716-366-2066; Fax: 716-366-0393 Cell: 716-680-3496 Valerie Stock, Administrator Holly Turk, Administrative Assist.	vstock@symphonyny.com hturk@symphonyny.com	B1 (1), B2 (1)	St. Elizabeth Ann Seton Church 328 Washington Ave Dunkirk 716-366-1750	4	5
Symphony Manor at Lancaster 5539 Broadway Ave Lancaster, NY 14086 Ph. 716-683-5150; Fax: 716-683-4049 Cell: 716-982-3327 Stacy Kiblin, Administrator Brian Johnson, Maint. Supervisor	skiblin@symphonyny.com bjohnson@symphonyny.com	N/A	St. Mary of Assumption Church 1 St. Mary's Hill Lancaster, 14086 716-683-6445	12	4
Tanglewood Manor 560 Fairmount Avenue Jamestown, NY 14701 Ph. 716-483-2876; Fax: 716-483-2832 Cell: 716-969-8469 Brad Lawson, Operations Manager Shannon Carnahan, Administrator	blawson@tanglewoodmanor.com scarnahan@tanglewoodmanor.com	N/A	Zion Covenant Church 520 Fairmount Ave Jamestown, 14701 716-488-9310	15	5

73

A1 = Ventilator Care
A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases

E4 = Infectious Diseases

ADULT HOME / ASSISTED LIVING FACILITIES	Email	Special Care Provided	Stop-Over Point	Capacity To Receive	Sector
Tennyson Court Senior Care Community 49 Tennyson Court Williamsville, NY 14221 Ph. 716-632-9496; Fax: 716-632-1822 Cell: 716-698-1089 Mimi Piciullo, Administrator Daysha Whitaker	mpiciullo@tennysoncourt.com dwhitaker@tennysoncourt.com	B1 (4)	Williamsville South High School 5950 Main Street Williamsville, 14221 716-686-8200	8 (4 AL, 4 MC)	2
Willows, The 459 E. Oak Orchard St. Medina, NY 14103 Ph: 585-798-5233 Fax: 585-798-5827 Cell: 585-315-3999 Cindy Lee Albone, Administrator Kelly Bently, Resident Care Supervisor	calbone@willowsadultcare.com kbentley@willowsadultcare.com	N/A	Orchard Manor 600 Bates Road Medina NY 14103 585-798-4100	2	1
Women's Christian Association 134 Temple Street Fredonia, NY 14063 Ph. 716-672-7961; Fax: 716-672-3496 Cell: 716-410-1070 Tammy McCool, Administrator Marnie Ulkins, Asst. Administrator	wcatammy@netsync.net wcamarnie@netsync.net	B1 (note: all must be female)	(1) Fredonia Central School Office: 716-679-1868 Cell: 716-672-9229 or 716- 788-7731, 716-785-4731 (2) Job Corp 716-595-4211	3 (Women Only)	5

74

A1 = Ventilator Care A2 = Tracheostomy Care

Respiratory Care

A3 = Passey Muir Valve A4 = Chest PT

Behavior/Dementia Care

B1 = Dementia, non combative B2 = Dementia, occasionally combative

B3 = Behavior, Level I

B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing
D3 = Tube Feeding

D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs E2 = Bariatric over 600lbs

E3 = Auto-immune Diseases E4 = Infectious Diseases

SENIOR INDEPENDENT LIVING APTS										
SENIOR INDEPENDENT LIVING FACILITIES	EMAIL	STOP-OVER POINT	CAPACITY TO RECEIVE	SECTOR						
Brookdale Senior Living Sterling House Niagara 6741 Nash Road N. Tonawanda, NY 14120 Ph. 716-731-1634; Fax: 716-731-1823 Cell: 716-940-3924 Cinty Sztorc, Administrator Jon Kipp, Maintenance Tech.	csztorc@brookdale.com jkipp@brookdale.com	Adams Fire Hall 911 or 716-692-3212	5	1						
GreenField Manor 5953 Broadway Lancaster, NY 14086 Ph. 716-684-8400; Fax: 716-684-6946; Cell: 716-880-9822 Chantal White, Adm./Contact	cwhite@niagaralutheran.org	Greenfield Health Rehab. Center 716-684-3000 off campus site of Lord of Life 1025 Borden Road Depew	10	4						
Heritage Village Retirement Campus 4600 Rt. 60 P.O. Box 350 Gerry, NY 14740 Ph. 716-985-6832; Fax: 716-338-0159 Cell: 716-499-6976 Rebecca LaBaron, Administrator Matt Myschisin, Director Envir. Svcs	rlebaron@heritage1886.org mmyschisin@heritage1886.org	Heritage Village Rehab & Skilled Nursing 4570 Rt 60 Gerry, 14740 716-985-4612	10	5						
Ken-Ton Presbyterian Village 3735 Delaware Ave. Kenmore, NY 14217 Ph. 716-874-6070 Fax: 716-874-1455 Cell: 716-946-1659 Pamela Flagler, Contact Colleen Bullion, Administrator	cbullion@pscwny.org pflagler@pscwny.org	Kenmore Presbyterian Church 2771 Delaware Ave. Kenmore, NY 14217 716-875-7600 / 716-836-6267	5	2						

SENIOR INDEPENDENT LIVING FACILITIES	EMAIL	STOP-OVER POINT	CAPACITY TO RECEIVE	QUAD
		(1) North Presbyterian Church 300 North Forest Williamsville, NY 14221 716-632-1330		
Presbyterian Village at North Church 214 Village Park Drive Williamsville, NY 14221 Ph. 716-631-3430 Fax: 716-207-0403 Cell: 716-998-2681 Jenna Bichler, Administrator Jim Trautman, Dir. Of Maintenance	jbichler@pscwny.org jtrautman@pscwny.org	(2) Amherst Presbyterian Church 151 S. Youngs Road Williamsville, NY 14221 Contacts: Jacques Berlin 716-633-9450; Sue Shippes 716-689- 8094	10	2
		(3) Clarence Presbyterian Church 9675 Main Street Clarence, NY 716-759-8396 Contact: Rev. Greg Hall 716-228-6595		

A1 = Ventilator Care	
A2 = Tracheostomy Care	
A3 = Passey Muir Valve	

Respiratory Care

A4 = Chest PT

B1 = Dementia, non combative

Behavior/Dementia Care

B2 = Dementia, occasionally combative

B3 = Behavior, Level I B4 = Behavior, Level II B5 = Behavior, Level III

IV and Wound Care

76

C1 = Intravenous Care C2 = Peripheral, PICC, Central Line

C3 = TPN

C4 = Complex Dressing/Negative **Pressure Wound Care** C5 = Daily Peritoneal Dialysis

Special Therapies

D1 = Traumatic Brain Injury D2 = Stroke/Speech/Swallowing

D3 = Tube Feeding D4 = Ortho/Rehab

Bariatric Care/Other Special Needs

E1 = Bariatric over 350lbs

E2 = Bariatric over 600lbs E3 = Auto-immune Diseases

E4 = Infectious Diseases

XI. Patient / Medical Record & Equipment Tracking Sheet

Patient MR # or Tracking #	Date of Birth	Patient Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Patient (Y) (N)	Meds & MAR Sent w/ Patient (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			P N D	CP N ame, ate 8	lotified Phone Number, Time	Time <u>Arrived</u> Stop- over / Time <u>Left</u>	Time/ Date Arrived at Patient Accepting Facility
									<u>Y</u>	Y N		Y N			Α	
															L	
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															Α	
															L	

Disaster Struck Facility: Keep One Copy / LI FAX 1 copy to RCC / LI FAX 1 copy to Receiving Facility / LI GIVE 1 copy to Transporters	
Patient Accepting Facility: Have you communicated to RCC or Disaster Struck Facility that you received these residents? YES / NO	
Patient Accepting Facility: Print Name of Key Contact / Phone # / Fax:	_

XII. Sample Resident Emergency Evacuation Tag

RESIDENT EMERGENCY EVACUATION TAG

FACILITY NAME PHONE
RESIDENT'S NAME DOB
LANGUAGE(s) SPOKEN ABLE TO COMMUNICATE Y / N
FAMILY CONTACTPHONE
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:
TREATMENTS:
ALLERGIES:
FACILITY PHARMACY:PHONE:
DNR ORDER: Y / N Other No Hospitalization (attach MOLST Form)
MENTAL STATUS (Dementia: Y / N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □
BEHAVIOR PROBLEMS / SAFETY RISK None □ Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □
ADL'S / APPLIANCES Independent □ Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L / R Dentures U / L Contact Lens□
DIET Diabetic □ Last Insulin Last Meal Kosher □
Thickened Liquids Consistency:
NPO □ Aspiration Precautions □ Modified Diet
Tube Feed □ Type Rate
TRANSFERS Independent □ Supervision □ Partial Assist of 1 2 Mechanical □ Total □
MOBILITY Independent □ Supervision □ Partial Assist of 1 2 Total □
EQUIPMENT: None □ Cane □ Walker □ Wheelchair □
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT
IV □ Access Type C-Dif □
Ventilator □ Trach □ Speaking Valve□ Dialysis □
Suction ☐ How Often Seizure Precautions ☐
O ₂ Rate Mask Cannula Continuous PRN
Restraint: Type When Last Released
OTHER:
RESIDENT ACCEPTING FACILITY:CONTACT

Document all care provided to Resident DURING
TRANSFER and/or concerns in the space below
III the Space below
-
-

78

XIII. Influx Of Patients Log

(Accounting for Incoming Patients and Equipment)

Make additional copies prior to use

1. FACILITY NAME					DATE/TIM	ED	3. INCIDENT DESCRIPTION								
4. TR	IAGE AREA (for en	try into the fac	cility)												
Arrival Time	Facility Received From	MRN# / Triage #	Pt Name (Last, First)	Sex	DOB/ Age	w/ Resident	Meds & MAR Received w/ Resident (Y) (N)	Received	Family Notified: Name, Date, Time, Phone Number w/ Area Code		Received Name, Date, Time, Phone Number w/ Area Code Name, Date, Time, Phone Number w/ A Code Code		ime, Phone nber w/ Area	Time Left Triage/ Destination	
									Y	<u>N</u>		Y	<u>N</u>		
5. SUBMITTED BY			6.	PHONE N	UMBER	7. DAT	7. DATE/TIME SUBMITTED								

FAX a completed copy of this form to the WNYMAP Regional Coordinating Center.

XIV. WNYMAP Transportation Evacuation Survey

Nurse / Physician Decision-Making Guide Assigning Patient Transport Mechanism Based on Clinical Criteria

a. Patients requiring Critical Care Transportation (RN-staffed or Advanced-trained Paramedic)

- IVs with medications running that exceed paramedic capabilities
- IV pump(s) operating (can be provided by the transport crew)
- Need any medications administered via Physician orders by any means in any dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew) / intra-aortic counter pulsation device / LVAD
- Ventilator dependent (vent can be provided by the transport crew or home vent)
- Neurosurgical ventricular drains
- Invasive hemodynamic monitoring which cannot be temporarily or permanently discontinued (i.e. intra-arterial catheter if noninvasive blood pressure have not been reliable for Patient, they are hemodynamically unstable, and they have a continuing chance of survival.)

b. Patients requiring ALS transport (Paramedic)

- IVs with medication running that are within paramedic protocols (varies by sponsor hospital)
- IV pump(s) operating
- IV with clear fluids (no medications)
- Need limited medications administered via Physician orders by limited means in limited dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew)
- BVM only in transport
- Prone or supine on stretcher required.

c. Patients requiring BLS transport (EMT)

- O2 therapy via nasal cannula or mask (can be provided by the transport crew)
- Saline lock and Heparin lock
- Visual monitoring / Vitals (BP/P/Resp)
- Prone or supine on stretcher required or unable to sustain
- If Behavioral Health, provide information regarding danger to self or others.

d. Patients requiring Chair Car/Wheelchair Accessible Bus (Medically knowledgeable person to ride on the transport)

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- Not prone or supine, no stretcher needed.
- No O2 needed, unless patient has own prescribed portable O2 unit safely secured en route.
- If Behavioral Health, provide information regarding danger to self or others.

NOTE: Some wheelchair van companies provide a standard wheelchair, if needed, for the duration of the trip. Buses do not provide wheelchairs. Some electric wheelchairs cannot be secured in wheelchair vans due to size or design. These are NOT to be transported with the patient.

- **e.** Patients requiring Normal Means of Transport (typically a bus resident must be limited assist transfer or no assist required Medically knowledgeable person to ride on the transport)
- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- No O2 needed, unless patient has own prescribed portable O2 unit that can be safely secured en route.
- Not prone, supine, or in need of a wheelchair (can ambulate well enough to climb bus steps)
- If Behavioral Health, provide information regarding danger to self or others.
- Limited assist transfers or no assist required.

NOTE: A person with a folding wheelchair, who can ambulate enough to get in and out of a car, could go by car if there was room to bring/pack the wheelchair.

f. Patients requiring bariatric ambulance or transport (>350lbs.)

Clinical Area Aggregate Numbers for Evacuation Planning

To be completed and sent internally to the Administrator/DON

Individual Co	nical Area Name ompleting Form Date Completed	n:		Tota		
1. TOTAL	PATIENTS:		(Sho	uld match	box below)	
NOTE: Normal	form of transpor	tation is fo	or Limi	ted Assist Trans	sfer patients.	
Using the da				s, provide the toortation for ev	otal number of lacuation:	patients
Critical Care Transport	ALS Transport	BLS Transp		Wheelchair Accessible Bus	Normal (bus, etc.)	TOTAL
	<u>SI</u>	<u>JPPLEME</u>	NTAL	. INFORMATIO	<u>N</u>	

# Requiring Continuous O ₂	# on Ventilators	# with special medical equip. (can't be discontinued)

NOTE: Information in #2 & #3 below is supplemental and the # of patients below <u>SHOULD</u> already be included in the total above.

2. BARIATRIC PATIENTS							
Please	Please provide additional information for each area below for the specific						
	transportation needs of Bariatric Patients:						
NOTE: BLS	NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as						
	<500 lbs (if	a patient exce	eds 500 lbs, pl	ease note this).			
Critical			Wheelchair				
Care	ALS	BLS	Accessible	Normal	TOTAL		
Transport	Transport Transport Bus (bus,etc.) BARIATRIC						

3. DISCHARGE TO HOME						
Please provide additional information for each area below for the specific transportation needs of patients Discharged to Home:						
	Wheelchair Accessible Bus	Normal (bus,etc.)	TOTAL DISCHARGE TO HOME			

unit?	rmation or special notes yo	ou would like to include about j	your

Clinical Transportation Categories for Evacuation:

WNYMAP Facility Aggregate Numbers

To be completed by the Administrator/DON / Incident Commander.

	Facility Nan	ne and City:				
	Facil	lity Phone #:				
Individ	ual Completing	Form/Title:				
	E-m	ail Address:				
	Time and Date	Completed:		Tota	l Beds:	
	1. TOTAL	PATIENTS:	(Sho	uld match	box below)	
	NOTE: Normal	form of transpor	tation is for Lim	ited Assist Trans	fer patients.	
	Using the da			s, provide the to portation for ev		patients
	Critical Care	_	BLS		Normal (bus,	TOTAL
	Transport	Transport	Transport	Bus	etc.)	TOTAL

SUPPLEMENTAL INFORMATION

# Requiring Continuous O ₂	# on Ventilators	# with special medical equip. (can't be discontinued)

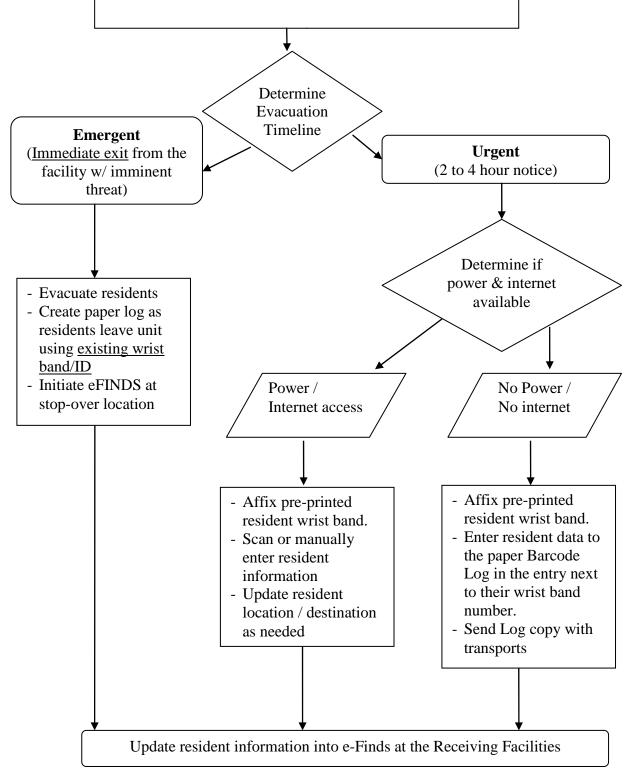
NOTE: Information in #2 & #3 below is supplemental and the # of patients below <u>SHOULD</u> already be included in the total above.

2. BARIATRIC PATIENTS						
Please provide additional information for each area below for the specific transportation needs of Bariatric Patients:						
NOTE: BLS	NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as <500 lbs (if a patient exceeds 500 lbs, please note this).					
Critical			Wheelchair			
Care	ALS	BLS	Accessible	Normal	TOTAL	
Transport	Transport Transport Bus (bus,etc.) BARIATRIC					

	3. DISCHARGE TO		
	litional information for e ation needs of patients		
transport	ation needs of patients	Discharged to	TOTAL
	Wheelchair	Normal	DISCHARGE TO
	Accessible Bus	(bus,etc.)	HOME
	4. ASSISTED LI		
Total add	ditional residents on-site		
	Wheelchair	Normal	TOTAL
	Accessible Bus	(bus,etc.)	ASSISTED LIVING
Total addition	5. SENIOR INDEPENDI		dont Living.
i otal additiona	al residents on-site for S	Semor maepend	TOTAL
			SENIOR
	Wheelchair	Normal	INDEPENDENT
	Accessible Bus	(bus,etc.)	LIVING
	6. ADULT DAY HEAL	THCARE	
Total addition	onal residents on-site fo		alth Care:
			TOTAL
	Wheelchair	Normal	ADULT DAY
	Accessible Bus	(bus,etc.)	HEALTH CARE
ease provide us with the break	down of nursing home pa	tients, assisted i	living residents, resid
adult home residents and seni	or independent living resi	•	•
adult home residents and seni	or independent living resi	•	•
•	or independent living resi	•	•
adult home residents and seni	or independent living resi	•	•
adult home residents and seni	or independent living resi	•	•
adult home residents and seni	or independent living resi	•	9
adult home residents and seni	or independent living resi	•	•
adult home residents and seni	or independent living resi	•	9
adult home residents and seni	or independent living resi	•	•
adult home residents and seni	or independent living resi	dents to clarify to	he primary box in #1

XV. eFINDS

Healthcare Incident Command (HICS) notifies the New York State Department of Health Regional Office of the evacuation, requests Evacuation Operation on eFINDS <or> the NYSDOH notifies facilities during a large-scale, planned evacuation that eFINDS will be used and the name of the eFINDS operation.



eFINDS is a secure and confidential **electronic or paper system** that provides real-time access to resident locations during an evacuation event. *LTC Mutual Aid Plan Member Facilities* will use this system to log and track residents during a full or partial evacuation as designated by the Healthcare Incident Command System (HICS).

Resident data can be entered, and location updated and tracked using hand-held scanners, mobile applications, or paper/handwritten tracking (in case of power outage, or time constraints). By using the eFINDS system of barcodes and wristbands, each resident is associated with a unique identification number that can then be updated with their personal data at the originating and/or destination facility. When the LTC facility is evacuating, the eFINDS wristband/barcode should be affixed to each resident including those discharged to home, and sheltering in place.

The eFINDS web application is located on the NYSDOH Health Commerce System (HCS) https://commerce.health.state.ny.us/public/hcs_login.html. In order to access and use the online aspects of eFINDS, an individual must: (1) have their own HCS account, and (2) be assigned to at least one of the two eFINDS roles in the HCS Communications Directory; "eFINDS Administrator" or "eFINDS Data Reporter". See the eFINDS Quick Reference Card for directions on HCS/e-FINDS access issues.

eFINDs Supplies and Equipment:

- a. List of supplies and equipment:
 - Handheld scanner issued by NYSDOH.
 - Other scanners identified as compatible by the LTC facility.
 - The LTC facility has wristbands equal to the <u>certified number of licensed beds</u> at the facility (for actual event use *i.e.*, *during evacuation*; and training), pre-printed with barcodes and the facility name.
 - Paper Barcode Log that includes a list of all assigned barcodes, facility name, and blank fields to enter resident data (name, DOB, gender, etc.).
 - Computer(s) with access to the internet/HCS, if the online application is used.
 - The e-FINDS Administrator or e-FINDS Data Reporter roles [or designee per LTC facility] will retrieve the equipment and deliver it to the designated locations (per LTC facility, Units, Evacuation Portals, or just-in-time).

Roles and Responsibilities for eFINDS:

- a. Healthcare Incident Command System (HICS):
 - Contacts the NYSDOH Western Region Office (585-423-8020) and requests an Evacuation Operation be created in eFINDS (if an evacuation operation is not already activated).
 - Activates the resident tracking according to LTC facility's Evacuation Plan.
 - Determines how the eFINDs system will be used and communicates to the Resident Tracking Unit:
 - Use eFINDs paper, and/or eFINDS online HCS components. The wristband with barcode is always applied.
 - Name of the LTC facility's Evacuation Operation in the eFINDs Application.
 - LTC facility location(s) where eFINDs will be implemented (such as on units, or at the evacuation staging/loading areas)

- b. Resident Tracking Unit Leader (RTUL) will:
 - Activate staff pre-assigned to eFINDS Reporting Administrator roles.
 - LTC facility staff names assigned to eFINDS Administrator roles can be found in the [LTC facility's Evacuation Plan, HICS chart, etc]. If these persons are not available, the Healthcare HCS Coordinator should <u>assign other staff to the</u> <u>eFINDS roles</u> in the HCS Communications Directory at the time of the emergency.
 - Communicate HICS decisions to the eFINDS Administrator roles.
 - Monitor eFINDS tracking of residents as they are updated at destination facilities and account for all residents.
- c. eFINDS Administrator role: Performs operations per the *eFINDS Quick Reference Card* under the direction of the RTUL.

Procedure for Resident Tracking with e-FINDs:

- a. HICS communicates which eFINDS functions (paper and/or electronic) will be used.
- b. eFINDS supplies and equipment are delivered to the operational areas as directed.
- c. Follow the designated eFINDS process. Use of functions with/without the scanner can be found on the *eFINDS Quick Reference Card*.

HICS will determine use of eFINDS based on the availability of power and internet access, and the ability to prepare residents:

- a. <u>Emergent evacuation procedure</u> (<u>immediate exit</u> from the facility due to an imminent threat/hazard, most likely to a stop-over point): **If used, the resident's existing wrist band issued on admission** will be the form of identification, and if able, a paper log of residents as they leave their unit and the facility is developed.
 - eFINDS should be initiated at the stop-over location if a stop-over location is used. The facility's command center will designate staff to deliver and implement e-FINDS supplies and equipment at the stop-over location as directed.
 - Every effort should be made to use eFINDS and the barcode numbers tracked when
 residents are being immediately evacuated to another facility, or to multiple locations
 that might include a non-healthcare stop-over. If the receiving location is not one that
 has access to eFINDS to record the evacuees it receives, then the sending LTC
 facility should use other communications with the receiving location, and use the
 paper log to track the barcode numbers on the bracelets of those evacuees received.

b. **Urgent** or **planned evacuation procedure**:

- No Power/ Internet access, or limited time situation: Affix pre-printed wrist bands to each resident and enter resident data (name, DOB, destination) to the Paper Barcode Log in the entry next to their wrist band number. A copy of the paper Log should be sent with each transport that is destined for a different facility.
- With Power/Internet access: HICS will direct the eFINDS online system be used and the pre-printed eFINDS wrist band or a barcode be affixed to each resident. Using the eFINDS application for resident data entry:
 - 1. A computer with internet/HCS access is accessible where resident data entry will occur.

- Single resident entry with a scanner: use eFINDS or compatible scanner to scan resident wrist band barcode and enter resident data one at a time into eFINDS; minimum data entered should include first and last name, date of birth, gender, destination if known.
- 3. <u>Single resident entry without scanner</u>: manually enter the resident's wrist band barcode and data one at a time into eFINDS; minimally resident first and last name, date of birth, gender, destination if known.
- 4. <u>Multiple barcodes and residents' demographic data</u> may be entered manually to a fillable spreadsheet on the eFINDS system, or;
- 5. Multiple residents' demographic data can be entered to a fillable Excel barcode spreadsheet that has been downloaded to a file on the LTC facility's computer. The Excel sheet can then be uploaded into the eFINDS system and will populate residents' data into the system. Note: The Excel file name cannot be changed or the upload will fail.
- c. As residents arrive at receiving facilities, their destination information is updated in eFINDS by the receiving facility.
- d. Resident destination follow-up is conducted with receiving facilities per the LTC facility's evacuation plan and via eFINDS if this application has been used. The evacuating LTC facility's Resident Tracking Unit monitors and records residents' final destinations.

eFINDS Administrator Job Action Sheet

Mission: Implementing, tracking, and managing an electronic resident tracking system for evacuating residents from the facility, and receiving evacuated resident(s) from another facility. Your personal information must be entered into the eFINDS Administrator role in the facility's Communications Directory on the NYSDOH Health Commerce System (HCS) in order to access e-FINDS. Contact the facility's HCS Coordinator if you need access to eFINDS. Refer to the eFINDS Quick Reference Card, "Getting Started".

Date: Start: End: Position Assigned to: Position Reports to: Resident Tracking Unit Leader (RTUL)	Initial:	
Signature: Telephone: Telephone:		
Fax: Other Contact Info: Radio Title:		
Task	Time	Initial
Coordinate activities with Healthcare Incident Command System (HCS) and the RTUL.		
If EVACUATING implement the steps below for eFINDS as directed.		
Retrieve the eFINDS supplies and equipment located: [add location] Deliver to the designated area(s): - Pre-printed eFinds barcoded wrist bands; pre-printed Bar Code Log - Equipment: Hand-held scanners, computers with internet access - eFINDS "Go-Bags" (if used)		
Assure a wristband or barcode has been affixed to all residents, including those who will evacuate, shelter-in-place, or return home.	•	
<u>Paper Process (NO power, NO internet, NO Time)</u> : manually enter resident data including <u>first and last name</u> , <u>birth date</u> , <u>and gender</u> onto the eFINDS <u>paper Bar Codes Log</u> in the fields next to their assigned bar code.		
 eFINDS online Health Commerce System (HCS): 1. Refer to the eFINDS Quick Reference Card for step-by-step procedures. 2. Turn on computer, attach scanner, access the internet via your Browser. 3. Log onto the HCS at https://commerce.health.state.ny.us. For a log on issue / forgotten password, call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890. 4. Click eFINDS in the My Applications panel (left side of Homepage), or click on the Applications bar at the top, click on "e", and scroll down to eFINDS. 5. Select Your Facility's Name from the dropdown list and click Submit, Reminder: VERIFY your location, if you are affiliated with more than one location! 6. Pull up the facility's Evacuation Operation* on the HCS 7. Proceed to the choice for resident data entry as determined by the HICS. See steps A, B, C for choices: enter resident one-at-a-time with or without scanner; or in multiple batches. 		

Revised: February 2017 89

create upon request by the facility, or during a large-scale event.

* The Evacuation Operation is required. The facility can create its own, or NYSDOH can

Task	Time	Initial
Register resident/supervise registration with a scanner, one resident at a time. Refer to eFINDS Quick Reference. - Scan the resident's wrist band or affixed barcode one resident at a time, and enter their personal data in the eFINDS screen fields as time allows. The resident's destination can be updated as needed when determined.		
 Register Resident or supervise registration without a scanner, one resident/resident at a time. Select "Register Patient / Resident without Scanner". A list of barcodes available to the facility will appear. Click on the bar code assigned to the resident. A screen will appear. Then follow steps 3-10 eFINDS Quick Reference for "Registering the Resident with Scanner". 		
Register multiple residents without a scanner, in multiple batches. Refer to eFINDS Quick Reference. a. Generate Barcoded PDF Log. A Fillable Spreadsheet of barcodes for printing will be generated on the eFINDS system. The PDF bar code log cannot be uploaded to populate the eFINDS as the Excel sheet can. However, residents' data can be manually entered on the printed log next to their assigned barcode, and sent with transport. If time allows, data from the log can be manually entered to the online eFINDS system. The log barcodes could be scanned into eFINDS at that time. Assure that the resident data entered into eFINDS is correctly associated to the barcode that has been assigned to that resident. b. Generate Uploadable Barcode Excel Spreadsheet. Refer to eFINDS Quick Reference. An Excel sheet of available barcodes can be generated on eFINDS and uploaded to a facility computer. Data for multiple residents can be entered in the fields next to their assigned barcodes. The spreadsheet can be uploaded and will populate resident data into the eFINDS system corresponding to their barcode. Do not change the name of the excel file when saving. Follow File upload instructions under "c". c. Uploading Multi Patient/Resident Excel File. Refer to eFINDS Quick Reference. If the Excel file has no resident or resident information, the file cannot be uploaded.		
Update Resident - Releasing Resident from this location. Refer to eFINDS Quick Reference. Use this procedure to update the resident's destination location in eFINDS one-at-a-time or in multiples. In the event of a second evacuation and/or additional barcodes are needed, generate a PDF or Excel spreadsheet of used and unused barcodes, and a spreadsheet that can be populated with resident information and uploaded to eFINDS. (The Administrator role only can do this).		

Task	Time	Initial
e-FINDS procedures for RECEIVING evacuated residents:		
Quick Search: Refer to eFINDS Quick Reference. Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).		
If necessary click Quick Search . If a person has never been to your facility, you will NOT be able to search for them. If they have been assigned to your facility AND you have their barcode number, you can scan or manually enter the barcode number to search for them.		
Receiving Facility: Updates Resident with Scanner Refer to eFINDS Quick Reference		
Receiving Facility: Updates Resident without Scanner Refer to eFINDS Quick Reference		
Provide status reports on resident census and tracking as requested by the Facility's Command Center.		

FINDS Evacuation of Facilities In Disaster Systems

Getting Started

The **eFINDS** Data Reporter and **eFINDS** Administrator role have access to the patient tracking application. From the **My Account** link, on the menu bar (top right) of the Health Commerce System (HCS), click See what roles I hold to verify that you are in one of the eFINDS roles. If you are not in an eFINDS role, please contact your facility's HCS Coordinator. Locate your coordinators from **My Account** > Look up my coordinators. Click Update or verify my contact information to access and update your business and emergency contact information to receive communications.

Open eFINDS

- Log on to the HCS (https://commerce.health.state.ny.us). If you cannot remember your user id or password, please call Commerce Accounts Management Unit at 1-866-529-1890.
- Click eFINDS in the My Applications panel (left side). If you do not see eFINDS, then you are not in an eFINDS role (see Getting Started).
- 3. Select your current location from the dropdown list.
- 4. Click **Submit**, and proceed to one of the following actions.

Always VERIFY your location, if affiliated with more than one!

Evacuating Facility: Registers Multiple Patient/Resident

eFINDS Administrator Role Only

- 1. Click Register Patient/Resident > Multi Patient/Resident Input.
- 2. Verify Evacuation Operation and Current Location.
- 3. Select Intended Destination.
- 4. Enter the number of barcodes to be assigned.
- 5. Click Generate Fillable Spreadsheet.
- 5. Enter known information, such as first name, last name, date of birth (mm/dd/yyyy), and gender.
- 6. Click Save all Patient/Resident.
- Verify message: Successfully saved {correct # being evacuated} Patient/Resident and click barcode to view or update the patient or resident information.

Evacuating Facility: Register Patient/Resident with Scanner

Evacuating facilities may not have time to complete the registration process, so multiple time saving options are available

- Scan a barcode
 OR click Register Patient/Resident > With Scanner.
- Confirm message: Barcode is located. You can register a new Patient/Resident with it.
- 3. **If time allows**, enter first name, last name, date of birth (mm/dd/yyyy), gender, etc.
- Verify the Evacuation Operation OR select another operation from the list.
- 5. Verify the patient/resident current location is correct.
- 6. Select the Intended Destination Organization type, if necessary.
- 7. Select the Intended Destination.
- 8. Enter the Bulk Group; such as bus no. or transportation description.
- Click Register. If the required fields are not complete, you will receive an error message. Click Override to bypass the error.
- 10. Confirm message: Patient/Resident info is updated.

Evacuating Facility: Updates Multiple Patient/Resident

eFINDS Administrator Role Only

- 1. Click Update Patient/Resident > Multi Patient/Resident Update.
- 2. Verify your location.
- 3. Select the Action Type:

Releasing Patient/Resident From this Location, OR Change Operation for Patient/Resident at this Location.

- 4. Select the Intended Destination.
- 5. Enter the Bulk Group, for example transport via bus.
- 6. Click Load All Patient/Resident.
- 7. Select All OR select Update for each patient/resident.
- 8. Click Release Selected Patient/Residents OR Change Operation for Selected Patient/Resident.
- 9. Verify Successfully updated {#} Patient/Resident.

For technical assistance call the Commerce Trainers at 518-473-1809

Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcode Spreadsheet

eFINDS Administrator Role Only

- 1. Click Manage Barcodes > Generate Barcodes Spreadsheet.
- 2. Select or verify the current location.
- Enter Start and End barcode numbers, e.g., 4-13 for ten patient/ residents to be relocated.
- Select the PDF if you want a scannable barcode log OR select EXCEL for the upload patient/resident option.
- 5. Click Generate.
- 6. Print the PDF OR save the Excel spreadsheet to your computer.

Note: PDF files cannot be uploaded, but could be sent with transport. The Excel file can be updated with patient/resident information and uploaded to eFINDS. See upload instructions below.

Evacuating Facility: Uploads Multi Patient/Resident File

- 1. Click Register Patient/Resident > Patient/Resident Upload File.
- 2. Verify the Evacuation Operation and current Location.
- 3. Click Browse.
- Locate the Excel file with saved patient/resident information.
 Hint: search for nys eFINDS file name with facility id, date and time.
- Click Open to add file.
- 6. Click Upload.
- 7. Verify the patient/resident information is updated, and edit information as needed.
- 8. Click Save All Patients/Residents.

Note: If the Excel file has no patient or resident information, then the file cannot be uploaded.

Shelter-in-Place (SIP)

If an evacuating facility determines that a patient or resident would be safer if **not** moved to another location, then the patient or resident will shelter in place. If the patient or resident is already registered in eFINDS, then click Shelter-In-Place to change the Intended Destination to the current location.

Quick Search

- Click Home on the eFINDS menu bar.
- Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).

If necessary click Quick Search.

- 3. Locate the correct patient/resident record.
- 4. Click the Barcode (Serial ID) link.
- 5. Verify: Patient/Resident is found. You can update the information.
- 6. View, Add, or change the necessary information.
- 7. Click Update Patient/Resident.

If a person has never been to your facility, you will NOT be able to search for them.

Receiving Facility: Updates Patient/Resident with Scanner

- 1. Click Update Patient/Resident > With Scanner
- 2. Scan a barcode and click **Submit**, if necessary.
- Confirm message: Barcode is located. You can register new Patient/ Resident with it OR Patient/Resident is found. You can update the information.
- 4. Enter or confirm information, including Evacuation Operation and the current patient/resident location.
- 5. Click Register, Update, or Override.
- 6. Confirm message: Patient/Resident info is updated.

Receiving Facility: Updates Patient/Resident without Scanner

- 1. Click Update Patient/Resident > Multi Patient/Resident Update.
- 2. Verify your location.
- 3. Select Checking in Patients/Residents into this location.
- 4. Verify the patient or resident is correct.
- Click Select All OR Update for each patient or resident being received.
- 6. Click Check in Selected Patient/Resident.
- Confirm Message: Successfully updated {correct #} of Patient/ Resident.

For technical assistance call the Commerce Trainers at 518-473-1809