

# GREATER ROCHESTER REGIONAL MUTUAL AID PLAN (MAP)

2017 - 2018

	<u>Page #</u>
Algorithm – Plan Activation Actions To Take (any member facility)	1
Algorithm – Joint Region Mutual Aid (RCC Actions)	2
Algorithm – Regional Coordinating Center	3
Steering Committee Job Action List	5
Section I Mutual Aid Steering Committee	7
Section II Mutual Aid Plan - Overview	8
Section III Plan Information	11
Section IV Cooperating Agencies & Emergency Utility Power Contacts	17
Section V Cooperating Agencies Outside Monroe County	20
Section VI Transportation and Communication	21
Section VII Salvation Army Emergency Disaster Service	24
Section VIII Emergency Health Staffing	25
Section IX Emergency Equipment	26
Section X Mutual Aid Participants	27
Appendix I Resident Tracking Sheet & Resident Emergency Evacuation Tag	79
Appendix II Patient / Medical Record & Equipment Tracking Sheet	81
Appendix III Influx of Patients Log	82
Appendix IV Transportation Evacuation Survey	83
Appendix V ARES – Amateur Radio Emergency Services	88
Appendix VI eFINDS	93

**GREATER ROCHESTER REGIONAL MUTUAL AID PLAN ACTIONS TAKEN TO ACTIVATE  
REGION MUTUAL AID PLAN  
(ANY MEMBER FACILITY CAN DO THIS)**

**DISASTER OCCURS**

**Individual health care facility being affected:**

1. Notify appropriate Emergency Agency (911). Request that 911 send out a CODE RED ALERT to all GRMAP Steering Committee members to inform them of the emergency, and to request their presence at the Regional Coordinating Center.
2. Notify **Regional Coordinating Center** (or backup) if necessary  
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
3. Internal notification / set-up Internal Command
4. Notify NYS Department of Health Regional Office, as necessary
  - o Region Office 585-423-8020
  - o Duty Officer (after hours number) 1-866-881-2809
  - o Hot Line 1-888-201-4563
5. Notify appropriate County Office of Emergency Management. See Section IV (Monroe County) or Section V (other counties) for phone numbers; consider prompting for a Conference Call to include all GRMAP members and Emergency Manager
6. Continue to follow your facility's internal Emergency Management Plan

**ONE FACILITY EVACUATING:**

- Notify RCC and they will:
1. Contact resident accepting facility.
  2. Advise number and type of residents being sent. Follow resident type/ capacity on Facility Profile sheets.
- Disaster struck facility will:
1. 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.

**DISASTER RESULTS IN:**

**NEED FOR SUPPLIES:**

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

**NOTES:**

1. Fax request to supplier to use as identification of supplies at police roadblocks.
2. 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
  2. HAM Radios: Contact Monroe county ARES Emergency Coordinator (Jim at 585-303-9622 or jim.NZIXD@gmail.com) to assist in communication, via one of the following methods, if possible:
    - a. Cell phone
    - b. Text messaging
    - c. Through EOC or local Fire or Police Dept.
    - d. Via runner to Red Cross Headquarters / ARES location
- NOTE: Operators may be needed if major, County-wide disaster. Advise County OEM if you have activated or need the HAM Radio (A.R.E.S.) plan.  
\*NOTE: Monroe County Only. All Other Counties call Office of Emergency Management.

**NEED FOR TRANSPORTATION:**

1. Notify County Office of Emergency Management
2. Work with Emergency Agency Emergency Medical Service. Know number and type of transport vehicles you need. (See Transportation Evacuation Survey in Appendix IV.)
3. Activate private transportation contracts you may have.
4. Request transportation help from facilities in your regional MAP (to whom you are evacuating to) to move residents.

**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 ASAP
  - Track residents and staff

**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 NYS DOH & County OEM

**RESIDENT ACCEPTING FACILITY**

- When notified of an evacuation, implement the following:
1. Internal plans to prep resident reception point & care areas, including equip. needed for Special Care residents, as applicable.
  2. Be prepared to care for residents until disaster-struck facility staff arrive.
  3. 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**
  - **Western New York**
    - **Primary:** Beechwood Homes 716-810-7000; Cell 716-220-5817
    - **Backup:** Mercy Nursing Facility at OLV 716-819-5300; Cell 716-949-5988
  - **Southern Tier**
    - **Primary:** Chemung County NF 607-737-2001; Cell 607-481-9642 or 607-329-7088
    - **Back Up:** Steuben County NF 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**
  - Region Office 585-423-8020
  - Duty Officer (after hours number) 1-866-881-2809
  - Hot Line 1-888-201-4563 **AND**
- **LOCAL OFFICE OF EMERGENCY MANAGEMENT**

### 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:

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

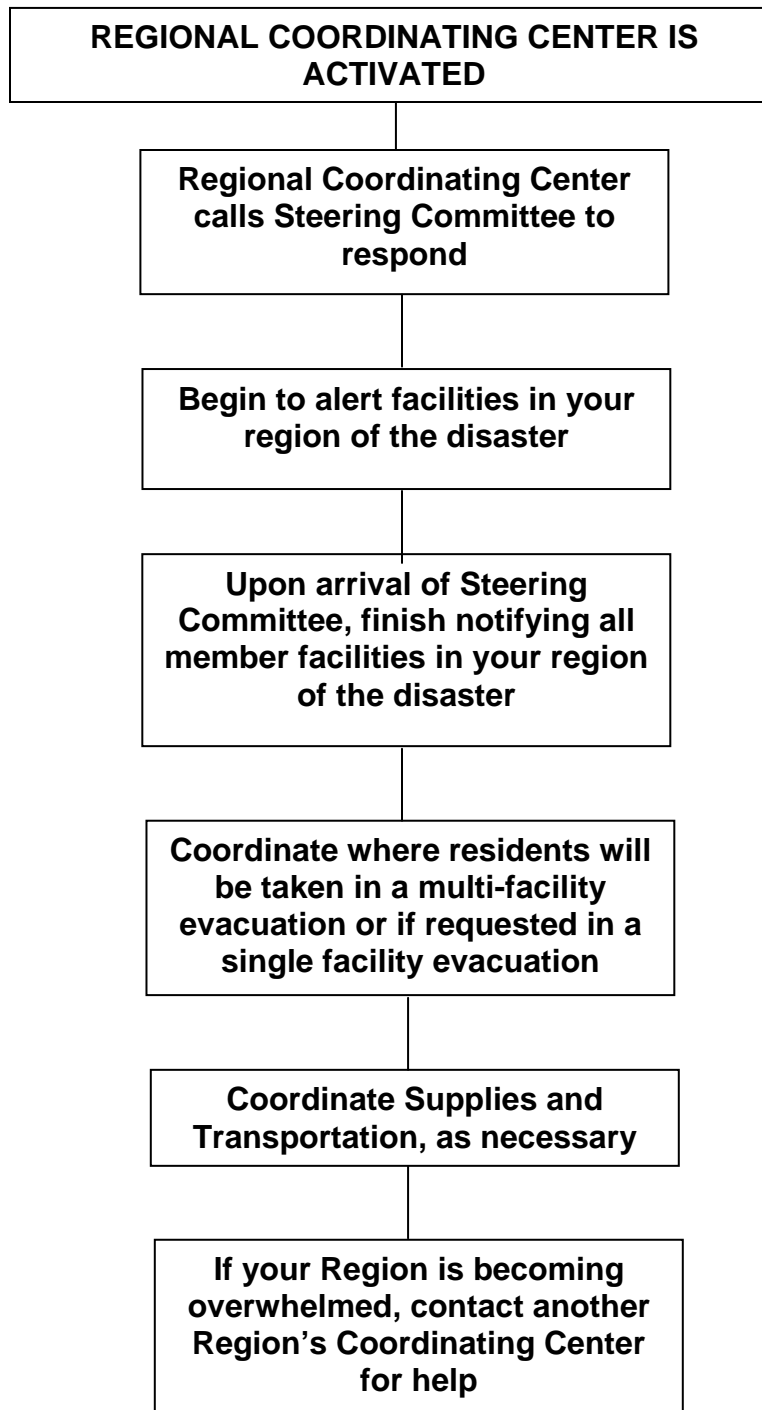
### NEED FOR TRANSPORTATION:

- 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 and staff 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 QUICK REFERENCE GUIDE



## 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, 585-314-6600 or  
585-764-5863  
Email Address: [rochmap@gmail.com](mailto:rochmap@gmail.com), Please include the facility name in the  
subject line of emails.  
Website: [www.ghfa.org](http://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: [WNYMAP@gmail.com](mailto:WNYMAP@gmail.com)  
Website: [www.ghfa.org](http://www.ghfa.org)

### Southern Tier Mutual Aid Plan

Primary Regional Coordinating Center: Chemung Cnty Nursing, 607-737-2001;  
Cell 607-481-9642 or 607-329-7088  
Back Up Regional Coordinating Center: Steuben County Home, 607-776-7651;  
Cell 607-346-6780  
Email Address: [SoTierMap@gmail.com](mailto:SoTierMap@gmail.com)  
Website: [www.ghfa.org](http://www.ghfa.org)

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

Primary Regional Coordinating Center: Van Duyn Nursing Home,  
315-449-6000; Cell 315-383-5206  
Back Up Regional Coordinating Center: Syracuse Home Assoc., 315-638-2521;  
Cell 315-952-8107  
Email Address: [LTCCNY@gmail.com](mailto:LTCCNY@gmail.com)  
Website: [www.ghfa.org](http://www.ghfa.org)

Logging onto the Genesee Health Facilities Association website ([www.ghfa.org](http://www.ghfa.org))  
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](mailto: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.

## **REGIONAL COORDINATING CENTER STEERING COMMITTEE**

### **JOB ACTION CHECKLIST**

#### **Regional Coordinating Center Actions:**

1. Activation - This will be done by notification from disaster struck facility or request of Department of Health Office of Emergency Management.
2. Alerting of Steering Committee - 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 (personal contact numbers are kept in the RCC).
3. Until committee member(s) arrive, start alerting other facilities in your region regarding the disaster at a member facility. Tell them they may get another call for help.

**NOTE: If Primary Regional Coordinating Center (St. John's Home) is the disaster struck facility, Coordinating Center responsibilities will shift to the Back-up facility (St. Ann's Community).**

**NOTE: RCC Email Address (once activated and staffed):  
[rochmap@gmail.com](mailto:rochmap@gmail.com), Password: mutual\_aid. Please 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.
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. Actions when Steering Committee member arrives:
  - As necessary, alert other facilities of evacuation and that they may be called for help (taking residents or needing help with evacuation transportation or in need of supplies).
  - 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.

- Keep local Office of Emergency Management and NYS Department of Health advised of activities.
- As necessary, assist facilities in locating supplies and transportation within the MAP.
- 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. GREATER ROCHESTER REGIONAL MUTUAL AID STEERING COMMITTEE

If you have any questions regarding this plan, the “Resident Emergency Evacuation Information” tags, etc. please contact any member of this committee.

Additional “Resident Emergency Evacuation Information” tags at may be purchased by contacting Christie Battaglia at Phillips & Associates.

### **MEMBERS**

Paul McManus  
Scott Barry  
Russell Phillips & Assoc. LLC  
500 CrossKeys Office Park  
Fairport, NY 14450  
Ph: 585-223-1130 /  
Fax: 585-223-1189  
E-mail:  
[pmcmanus@phillipsllc.com](mailto:pmcmanus@phillipsllc.com)  
[sbarry@phillipsllc.com](mailto:sbarry@phillipsllc.com)

Christie Battaglia  
(Secretary to Committee)  
Russell Phillips & Assoc. LLC  
Ph: 585-223-1130 /  
Fax: 585-223-1189  
E-mail:  
[cbattaglia@phillipsllc.com](mailto:cbattaglia@phillipsllc.com)

Steve Woodruff,  
Deputy Director of Long Term Care  
(Committee Co-Chair)  
Livingston County  
Ph: 585-243-7970 /  
Fax: 585-243-7269  
E-mail: [swoodruff@co.livingston.ny.us](mailto:swoodruff@co.livingston.ny.us)

Tanya MacNaughton,  
Regional Director  
(Committee Co-Chair)  
DePaul  
Ph: 585-719-3117  
Fax: 585-426-8082  
E-mail: [tmacnaughton@depaul.org](mailto:tmacnaughton@depaul.org)

Steve Hamlin, Administrator  
(Committee Treasurer)  
Hamilton Manor Nursing Home  
Ph: 585-225-0450 /  
Fax: 585-225-4306  
E-mail:  
[shamlin@lattaroadnh.com](mailto:shamlin@lattaroadnh.com)

Lesia Bernard  
Respiratory Manager  
The Highlands at Brighton  
Ph: 585-442-7960  
E-mail: [lesia\\_bernard@urmc.rochester.edu](mailto:lesia_bernard@urmc.rochester.edu)

Guy Cenname  
St. Ann's Community  
Ph: 585-697-6522  
Email: [guyc@stannscommunity.com](mailto:guyc@stannscommunity.com)

Thomas Cipolla  
Security Supervisor  
The Highlands at Brighton  
Ph: 585-442-7960  
E-mail: [Thomas\\_cipolla@urmc.rochester.edu](mailto:Thomas_cipolla@urmc.rochester.edu)

Sgt. Nelson Colon  
Day Manager  
St. John's Health Care  
Ph: 585-760-1251 ext. 1251  
Fax: 585-760-1428  
E-mail: [ncolon@stjohnsliving.org](mailto:ncolon@stjohnsliving.org)

Keith Chambery  
GHFA  
Ph: 585-872-1690 /  
Fax: 585-872-1722  
E-mail: [kchambery@ghfa.org](mailto:kchambery@ghfa.org)

Patrick Doran, RN  
The Shore Winds  
Ph: 585-663-0930  
E-mail: [pdoran@theshorewinds.com](mailto:pdoran@theshorewinds.com)

Bill Hollenbeck, Facilities Director  
St. Ann's Community  
Ph: 585-697-6502  
E-mail: [whollenbeck@stannscommunity.com](mailto:whollenbeck@stannscommunity.com)

Robert Lewis  
Security Supervisor  
Jewish Home of Rochester  
Ph: 784-6455 x6755  
E-mail: [rlewis@jewishseniorlife.org](mailto:rlewis@jewishseniorlife.org)

Stacy McIntyre  
Episcopal Church Home  
Ph: 585-546-8400  
Fax: 585-325-6553  
E-mail: [smcintyre@episcopalseniorlife.org](mailto:smcintyre@episcopalseniorlife.org)

Peter Mikiciuk, Security Supervisor  
Rochester Regional Health  
Ph: 585-368-3808  
Cell: 585-690-2584  
Email: [peter.mikiciuk@rochesterregional.org](mailto:peter.mikiciuk@rochesterregional.org)

Bob Palmer  
Emergency Preparedness Coord.  
VA Canandaigua  
Ph: 585-394-2000  
Fax: 585-393-8328  
E-mail: [Robert.palmer@va.gov](mailto:Robert.palmer@va.gov)

Thomas Poelma, COO/Adm  
Fairport Baptist Homes  
Ph: 585-377-0350 /  
Fax: 585-377-2620  
E-mail: [tpoelma@FBHCM.org](mailto:tpoelma@FBHCM.org)



## **II. GREATER ROCHESTER REGIONAL MUTUAL AID PLAN (MAP) - OVERVIEW**

The MAP is designed for those disasters where an unpredictable event requires the immediate, short term 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 MAP is also designed to help with supplies and transportation of evacuated residents.

### **Responsibilities of Plan Members:**

- Residents Accepted: All members are required to be prepared to accept 10% beyond their licensed total bed capacity.
- Members are required to attend the Annual Meeting.
- Members are required to participate in Region and Joint Region Mutual Aid Plan exercises when they are assigned.
- Members are required to pay annual dues as set by the Steering Committee.
- Members must notify the Steering Committee of any changes throughout the year, which may include: changes in administrative or Designated RCC Responder personnel, email and phone numbers; temporary changes which affect the number of residents the receiving facility can accommodate.
- Members are required to use the plan-specified "Resident Emergency Evacuation Information" tag and copies of other specified medical information as called for.
- Members must keep staff trained in this MAP.

### **NYSDOH, SOEM, & County and Local OEMs**

It is further understood that this plan will be instituted in conjunction with the State Health Department, which acts as a monitoring agent. Interaction will also be taken with State, County, and Local OEMs as necessary.

### **Evacuation**

If a facility, or portion of it, must be evacuated, residents will be moved to a "Stop-Over Point". Residents should have "Resident Emergency Evacuation Information" tags and eFINDS wristbands attached before being transferred to member facilities. This Stop-Over Point could serve as the command center to back up the one at the disaster site which was evacuated. If the disaster is such that the facilities can perform a slow evacuation and triage at their site, the Stop-Over Point should be bypassed and residents should be transferred directly from the sending facility to the receiving facility.

### **Transportation of Residents**

Transportation from disaster site to Stop-Over Point will be handled by the emergency authority and EMS. For transportation from stop-over to receiving facilities (or other acceptable disaster needs) see Section VI (MAP Transportation).

## **Evacuation Tags**

“Resident Emergency Evacuation Information” tags should record pertinent medical information. “Patient / Medical Record and Equipment Tracking Sheet,” and “Influx of Patients Log” are designed to assist in patient tracking. See more details under Responsibilities of Sending Facility and Responsibilities of Receiving Facility.

## **Stop-Over Point**

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

## **Levels of Care**

This plan covers different levels of care. During an evacuation, a facility's first priority will be to evacuate to a similar level of care. (For example, assisted living / adult homes would evacuate to other assisted living / adult homes.) Nursing homes could never evacuate down in level of care without special wavier from DOH.

## **Cooperative Agreements**

Rochester Hospital Mutual Aid Evacuation Plan: If nursing homes are not themselves involved in the same disaster, the nursing homes will receive residents from Hospital-Associated nursing facilities. This is in an effort to help a hospital open more acute beds.

1. During an evacuation, if a hospital has a LTC unit/facility, the administrators of the hospital's LTC unit/facility will be notified of the emergency and to remain on alert. Hospitals will initially look towards discharging patients able to be cared for in a LTC setting, to their own LTC unit or facility. Existing regional LTC Mutual Aid Plans call for hospital-based or owned LTC facilities to activate the Long-Term Care Mutual Aid Plan they have signed to enable the movement of LTC patients into LTC beds in the community.
2. Activation: This agreement shall be activated upon the declaration that an emergency or disaster exists at any of the participating hospitals or health systems by an administrator at that facility/system who is authorized to make such a declaration. Upon attaining knowledge that an emergency or disaster exists at any participating hospital or system, all participating hospitals and health systems shall assess their ability and prepare to offer aid and assistance as described in this plan to the extent that they are able to do so.
3. Deactivation: In the event of a partial or complete hospital or health system evacuation, the transferring hospital or health system agrees to notify all participating hospitals and health systems when it has resumed operations, reestablished services and received any necessary approvals from government or accrediting agencies to again accept patients. The transferring hospital or health system shall then accept any return transfers of patients from patient-accepting hospitals and health systems, if so requested.

4. Joint Region Mutual Aid Plan: If the Greater Rochester Regional Mutual Aid Plan is “overwhelmed” help (transportation, supplies, or accepting evacuated residents) may be available through:
  - a. Long Term Executive Council of Central New York Mutual Aid Plan
  - b. Western New York Mutual Aid Plan
  - c. Southern Tier Mutual Aid Plan

\* See Disaster Overtakes Regional MAP

\* Your facility becomes a member of this plan (Joint Region Mutual Aid Plan) by the fact of your “good standing” in the Greater Rochester Regional Mutual Aid Plan.

## **Finances**

Receiving facility admissions:

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

Facilities would continue to “bill” as if an evacuation did not take place.

Cost incurred by receiving facilities will be covered by sending facility. This includes hospitals. Sending facilities will recover lost money through appropriate insurance.

### **III. PLAN INFORMATION**

#### **Responsibilities of the Sending (Evacuating) Facility (for a quick checklist, see algorithm in front of plan):**

##### **Beginning Actions**

Follow your facility's Disaster procedures and Call 911 or your local emergency contact number. Also contact the New York State Department of Health. During normal business hours call the Rochester Regional office at 585-423-8020 and the duty officer at 1-866-881-2809. During off-business hours notify the duty officer and the NYS DOH hotline at 1-888-201-4563. Outside Incident Commander will handle communication with OEP, transportation and outside agencies. Ensure Incident Command is aware of Mutual Aid Plan and Stop-Over Point. Facility's Command Center must coordinate with Emergency Authority Incident Command Post. Contact the Regional Coordinating Center:

Primary: St. John's Health Center (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

Be familiar with the function and extent of community emergency services such as Police and Fire Departments, Office of Emergency Management, Red Cross, Salvation Army, etc., and advise them of your needs. (See Cooperating Agencies, Section IV.) Note: Contact the County Office of Emergency Management during the early stages of the incident, and keep them informed throughout the duration of the event.

##### **Stop-Over Point**

Alert 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 preparation. You must have a staff member present as your residents arrive at the Stop-Over Point. You should consider having CPR ability, food, wheelchair, mattresses, etc available.

##### **Transfer of Residents**

Prior to actual transfer of residents from Stop-Over Point, or your facility (in the event of a slow evacuation), notify (or ask the RCC to do this) 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.

Do not overload a facility with all special care residents. Always evacuate "like to like". Evacuate within plan first. If the Greater Rochester Regional Mutual Aid Plan is "overwhelmed", through the Regional Coordinating Center request help from another mutual aid plan in the Joint Region Mutual Aid Plan.

Send nursing personnel and supplemental staff with residents or to receiving facilities, as soon as possible. Send additional medical information and meds/controlled substances. Notify primary care physicians and responsible parties of residents. If possible, send useable mattresses & other equipment with residents. Administration must work closely with Receiving Facilities.

### **Resident Evacuation Tags & Required Medical Information that Must go with Resident**

“Resident Emergency Evacuation Information” tags should record pertinent medical information such as transfer location, physician’s name and the name of the responsible party for the resident. The minimum required is a completed “Resident Emergency Evacuation Information” tag with a copy of the following tucked in the envelope on the reverse side of the tag:

- a. Physician orders (adult homes use form DSS 3122)
- b. Medication Administration Record and Treatment Sheet
- c. Interdisciplinary Care Plan
- d. Advanced Directives and Health Care Proxy or MOLST Form (Medical Order for Life Sustaining Treatment)
- e. Face Sheet

Consider including wrist bands (must have wrist bands or some other form of id with such information as name, code status, MR #, elopement risk), or pictures to match with evacuation tags or charts. It is suggested that the identifying information on the top of the tag be filled out in advance and updated periodically as necessary.

The tags may be completed before leaving the evacuating facility if time allows, or at the Stop-Over Point, and must accompany the resident at the time of transfer to member facilities. At the time that a resident is transferred to member facilities, the destination is entered on the bottom of the tag and the top page (white) is retained by the sending facility.

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

Institute and complete your facility’s eFINDS Procedure. (See Appendix VI)

### **Medications and Charts**

- a. If both sending and receiving facilities are willing, send the resident's prescribed medications to the receiving facility as soon as possible. Note: Copies of applicable parts of the resident’s chart should be sent as soon as possible to resident accepting facility.
- b. If either facility is unwilling to **send or receive medications**, then the receiving facility will obtain and provide essential medications. The resident accepting facility may obtain the controlled substance from their own pharmacy. However, the Medical Director at resident accepting

facility will need to write new orders for controlled substances. Request waiver from NYS DOH for administering medication at different locations.

- c. Controlled substances will be brought to the receiving facilities when nurses from the sending facility arrive. If the controlled substances are going to be left at the receiving facility and not administered by said nurse, an account and sign off would take place at the receiving facility.
- d. Take drug box when applicable to the resident accepting facility.
- e. Sending facility must track resident evacuating into the Regional MAP or Joint Region MAP. Use Resident, Medical Record, and Equipment Tracking Sheet.

### **Staff**

Provide resident transportation to receiving facilities from Stop-Over Point. (See Transportation & Communication.) Transportation and lodging for staff evacuating with residents will also have to be considered especially if out of **regional plan area**.

NOTE: STAFF MUST WEAR FACILITY I.D. BADGES TO GET THROUGH POLICE ROAD BLOCKS.

Understand that the staff of the evacuated facility will be under the administrative direction of 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 the receiving facilities.

Record destination of residents and staff prior to leaving Stop-Over Point. \*You are responsible for Resident & Staff tracking.

### **Communications**

Contact each receiving facility to notify them of your administrative command post to facilitate communication in cases where the sending facility is evacuated.

Maintain communications with telephone, cell phone, e-mail or Ham radios, if available (see Section VI). Red Cross may be able to help with communications to residents responsible party.

## **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 send staff to provide their residents with coverage. Resident will retain current attending physician unless responsibilities are transferred. Staff from the sending facility will be under administrative direction of receiver. Verification of background and licensure of staff is the responsibility of the “home” facility. Documentation should be provided as soon as possible to the receiving facility.
2. Agree to arrange or provide all beds (or mattresses on floor, etc.), linens, and other equipment (including that needed for Special Care), supplies and food. (See Cooperating Agencies.) Note: Call County Office of Emergency Management after you have exhausted all options in then plan.
3. Establish a person responsible and a command area for coordinating efforts and facilitate communication.
4. Upon arrival of residents, assume administrative direction for displaced residents and staff. Continue resident and staff tracking.
5. Notify sending facility of arrival of residents, giving name and condition. Continue to track residents and equipment.
6. When evacuating residents arrive, complete the Influx of Patients Log (See Appendix III). Keep one copy; fax one copy to the RCC; fax one copy to the DSF.
7. Notify sending facility of (their) staff present.
8. **At the end of the disaster all residents with their medical records must be returned to the facility of origin, unless other agreements have been made between sender and receiver.**

**Shelter in Place (but in need of supplies):**

Progressive Plan:

- Obtain supplies from local vendors with whom you have agreements.
- Request supplies from
  - a. Other facilities in your region
  - b. Vendors and groups supportive to your regional plan
  - c. The County Office of Emergency Management
- Request supplies from vendors and facilities out of region. Request from Regional Coordinating Center.



## **If Disaster Overtakes the Regional Mutual Aid Plan Area:**

### **Actions of the Disaster Struck Facility**

Note: For quick checklist, see algorithms at the beginning of plan

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

1. Advise your Regional Coordinating Center if not already activated (Primary: St. John's Health Care; Back Up: St. Ann's Community), NYS Department of Health and the local Office of Emergency Management if not already activated by the RCC that you can not get help through the Greater Rochester MAP.
2. When all space is used or otherwise unavailable in your regional Mutual Aid Plan the Regional Coordinating Center, Steering Committee will:
  - Alert other Regional Coordinating Centers. They will alert healthcare facilities out of the disaster struck region.
  - Regional Coordinating Centers 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 Regional Coordinating Center for help.
    - Go to the vendor lists of a Joint Region Mutual Aid Plan to request supplies.
    - Contact a facility within the Joint Region Mutual Aid Plan to request help with supplies.
    - Contact the County Office of Emergency Management for assistance.

Note: Fax supply requests to those from whom you seek assistance to help deliveries get through police roadblocks.

#### IV. COOPERATING AGENCIES

##### AGENCY

NY State Health Department  
Division of Residential Services  
Triangle Building  
335 E. Main St.  
Rochester, NY 14604

Gale Ajavon  
Western Region Program Director for Long Term Care

##### EQUIPMENT/AID

Monitoring agent, plan for reimbursement of services.

585-423-8020  
After 4:30, weekends and holidays  
Hotline 1-866-881-2809 (Statewide in Albany)

---

NYS Department of Health  
Adult Care Facility Surveillance  
335 E. Main Street, 1<sup>st</sup> Floor  
Rochester, NY 14604-2127  
After 5:00, weekends and holidays  
Hotline 1-866-881-2809 (Statewide in Albany)

Norine Nickason, Director  
Phone: 585-423-8185

---

NYS Department of Health  
Health Systems Emergency Preparedness Representative  
Office of Health Emergency Preparedness  
335 East Main Street, Suite 501  
The Triangle Building  
Rochester, NY 14604

Patrick Byrne, RN, BSN, MEP  
Phone: 585-423-8066  
Fax: 585-423-8092  
[patrick.byrne@health.ny.gov](mailto:patrick.byrne@health.ny.gov)

---

Office of Emergency  
Management  
1190 Scottsville Rd., Ste. 200  
Rochester, NY 14624  
(See Section V if not in Monroe County.)

Contact for Community Resources

Tim Kohlmeier  
Emergency Preparedness Administrator  
585-753-3816 Direct line  
585-753-3810 General Office Number

After hours: 528-2222 (Fire Dispatcher)  
585-629-7187 Cell Phone

## **AGENCY**

Monroe County Department of Public Health  
111 Westfall Rd.  
Rochester, NY 14620

Michael R. Sayers, Program Manager, PHEP  
585-753-5129 (Office)  
585-269-9908 (Cell)  
(after hours) Medical Examiner's Office  
Switchboard, 585-753-5905

## **EQUIPMENT/AID**

Source of advice on disease control, food sanitation and water supply

---

Rochester / Monroe County Emergency  
Communications Department  
321 W. Main Street  
Rochester, NY 14608

Police, Fire, Ambulance, Emergency  
Communications, Problems concerning  
emergency communications

Emergency (anything involving Police/Fire/EMS response): 911  
Administrative: 585-528-2200

### Contacts:

John Merklinger, Director [jmerklinger@monroecounty.gov](mailto:jmerklinger@monroecounty.gov)  
Stephen P. Cusenz, Deputy Director [scusenz@monroecounty.gov](mailto:scusenz@monroecounty.gov)  
Thomas Mills, Operations Manager [tmills@monroecounty.gov](mailto:tmills@monroecounty.gov)  
Amy Mills, Operations Manager [amills@monroecounty.gov](mailto:amills@monroecounty.gov)  
Phil Jakubowski, Operations Manager [pjakubowski@monroecounty.gov](mailto:pjakubowski@monroecounty.gov)

---

Red Cross  
Emergency and Disaster Services  
50 Prince Street  
Rochester, NY 14607

Cots, blankets, emergency health and  
welfare report services to relatives,  
feeding of workers, disaster trained  
nurses, mental health professional, family  
liaison/support, morgue assistance

Contact: 585-241-4358  
Emergency: 585-241-4472  
Bill Platt, Disaster Program Specialist Serving Livingston, Monroe & Ontario  
[William.platt@redcross.org](mailto:William.platt@redcross.org) [www.redcross.org/greaterrochester](http://www.redcross.org/greaterrochester)  
Phone: 585-241-4478; Cell: 585-329-5168

---

Salvation Army  
70 Liberty Pole Way  
Rochester, NY 14604

See page 24

Thomas Kagoro, Director of Operations  
[thomas.kagoro@use.salvationarmy.org](mailto:thomas.kagoro@use.salvationarmy.org)  
585-987-9500, Ext. 2315  
585-202-5222 (Emergency)  
585-340-1176 (Fax)

[www.rochestersalvationarmy.org](http://www.rochestersalvationarmy.org)

**AGENCY****EQUIPMENT/AID**

Monroe County Fire Coordinator  
1190 Scottsville Rd., Ste. 203  
Rochester, NY 14624

Steve Schalabba  
Phone: 585-753-3751  
24 hour pager: 585-529-0800  
After hours: 585-528-2222 (Fire Dispatcher will reach Coordinator)

---

Monroe County  
Emergency Medical Services

Ambulances/Transportation/Manpower  
(EMTs or Advanced EMTs)

Tim Czapranski, EMS Coord.  
Suite 203  
1190 Scottsville Rd.  
Rochester, NY 14624  
585-753-3760  
After hours: 585-528-2222 (fire dispatcher)

---

R. Phillips & Associates L.L.C.  
500 CrossKeys Office Park  
Fairport, NY 14450  
Phone: 585-223-1130, Fax: 585-223-1189

Fire Protection and Disaster Consultants

Scott Barry, Paul McManus, Dave Hood

---

RG&E  
Call 1-800-743-1701 to report a problem or find out an update on an outage  
For Natural Gas Emergencies call 911 or 1-800-743-1702

Fairport Electric  
Mitchell Wilke, Superintendent  
585-421-3103  
[mcw@fairportny.com](mailto:mcw@fairportny.com)

Spencerport Municipal Electric  
Owen McIntee, Electric Superintendent  
585-303-2943

Village of Churchville  
Dave Adams, Superintendent  
585-293-3366

## V. COOPERATING AGENCIES OUTSIDE MONROE COUNTY

For services from O.E.M., call your particular county first.

### **Directors - Emergency Management Office**

● Cayuga County	Brian Dahl, Director <a href="mailto:bdahl@cayugacounty.us">bdahl@cayugacounty.us</a> Cayuga County Office Bldg. Basement 160 Genesee Street Auburn, NY 13021 (315) 255-1161 FAX: (315) 315-253-1551 Emergency After Hours: (315) 252-7242
● Genesee County	Timothy Yaeger, Coordinator <a href="mailto:tim.yaeger@co.genesee.ny.us">tim.yaeger@co.genesee.ny.us</a> 7690 State St. Rd., Batavia NY 14020 (585) 344-0078 FAX: (585) 344-8535 24/7: 585-343-3311
● Livingston County	Kevin Niedermaier, Director <a href="mailto:kniedermaier@co.livingston.ny.us">kniedermaier@co.livingston.ny.us</a> 3360 Gypsy Lane, Mt. Morris, NY 14510 (585) 243-7160 FAX: (585) 243-7162
● Ontario County	Jeffrey Harloff, Director Connie French, Assistant <a href="mailto:Jeffrey.harloff@co.ontario.ny.us">Jeffrey.harloff@co.ontario.ny.us</a> <a href="mailto:Constance.french@co.ontario.ny.us">Constance.french@co.ontario.ny.us</a> 2914 County Rd. 48, Canandaigua NY 14424 (585) 396-4310 FAX: (585) 396-4583
● Orleans County	Dale Banker, Director <a href="mailto:dale.banker@orleansny.com">dale.banker@orleansny.com</a> 14064 West County House Rd., Albion NY 14411 (585) 589-4414, FAX: (585) 589-7671
● Seneca County	Melissa Taylor, County Fire Coordinator <a href="mailto:mtaylor@co.seneca.ny.us">mtaylor@co.seneca.ny.us</a> 1 DiPronio Dr., Waterloo NY 13165 (315) 539-1756 FAX:(315) 539-9150
● Steuben County	Timothy Marshall, Director <a href="mailto:tim@co.steuben.ny.us">tim@co.steuben.ny.us</a> 3 E. Pulteney Sq., Bath NY 14810 (Mailing Address) 6979 Rumsey St. Ext., Bath NY 14810 (Physical) (607) 664-2910 FAX: (607) 776-3334 (607) 664-2911 after 5 p.m. & weekends
● Wayne County	George Bastedo, Director <a href="mailto:gbastedo@co.wayne.ny.us">gbastedo@co.wayne.ny.us</a> 7376 Rt. 31 Suite 2000, Lyons NY 14489-9174 (315) 946-5664 FAX: (315) 946-9721 (315) 946-5003 after 5 p.m. & Weekends
● Yates County	Brian Winslow, Director Diane Caves, Deputy Director Chris Warriner, EMS Coordinator <a href="mailto:emergencymanagement@yatescounty.org">emergencymanagement@yatescounty.org</a> 227 Main Street Penn Yan, NY 14527 (315) 536-3000 Fax: (315) 536-5191

## **VI. TRANSPORTATION AND COMMUNICATIONS**

### **AMBULATORY AND WHEELCHAIR**

### **PHONE**

Medi-Cab Chairmobile 1449 Hudson Avenue, 14621 Ambulets, 29 Wheelchair Vans, 24 Sedans Tim Scheidt / Jeff Stevens	585-342-7150  585-748-3329 (Tim's cell) 585-705-2467 (Jeff's cell)
--	---

---

Monroe Medi-Trans, Inc 1669 Lyell Ave, 14606 Thomas Coyle	585-232-9000
---	--------------

---

Rural Metro/Medical Services 811 West Avenue, 14611 Ambulances, Command Post Tom Bonfiglio, General Manager	585-546-2525
--	--------------

---

Lift Line 588 Trabold Road, 14624 Ray LeChase Christine Krawczyk	(Off hours) 585-654-0671 585-654-0675 585-474-6668
---	---

---

Transportation of facility staff is determined and arranged for by the affected facility.

---

Medical Motor Service 608 Clinton Ave South, 14620 Damon Mustaca, Executive Director	until 8:00 PM 585-654-7030 Cell: 585-738-9375
--	---

---

### **MONROE COUNTY ONLY**

**CALL FOLLOWING MMS EMERGENCY PREPAREDNESS DRIVERS  
AFTER 8:00 PM: Damon Mustaca: 585-738-9375**

---

Regional Transit Service, Inc.  1372 East Main Street 14609 Dave Kester, Assistant Safety Manager (Can provide transportation for 50 people)	585-654-0200 during working hours 288-5030 alternate after 5pm & weekends
--	--

## *HAM Radio Communications Plan for Greater Rochester MAP*

### **HAM Radio Communications**

If Primary means of communication are down, the Amateur Radio Emergency Service (ARES) may be utilized to facilitate communication with the Monroe County Emergency Operations Center (EOC), and one or more health care facilities.

**NOTE: If you are outside of Monroe County request communication help through your local Office of Emergency Management.**

### **Contacting ARES**

1. If cell phones are functioning, call your county ARES Emergency Coordinator. Each county has an ARES Emergency Coordinator.

Monroe County Emergency Coordinator:	Jim DiTucci
RACES Radio Officer	(Home) 585-426-7956
	(Cell) 585-303-9622
	Jim.N2IXD@gmail.com

Text messaging may also be attempted when cell phone lines are overloaded.

For example:

*“Need to invoke GRMAP MOU. Ham Radio assistance needed at St. Ann’s Community.”*

2. If the Emergency Coordinator is unavailable or can not be reached, try reaching them through the County Office of Emergency Management, or through the local Fire Department or Police Department.
3. Advise Office of Emergency Management you have activated ARES agreement.
4. In the event of a widespread disaster, it is likely that ARES will already be established at Red Cross Headquarters. The disaster-struck facility could send a runner (drive) to Red Cross Headquarters at 50 Prince Street in Rochester to contact ARES directly.

Once alerted, HAM Operators will establish contact between the facility and the EOC. It should be noted that if an emergency is declared by the County Office of Emergency Management, whereby the Radio Amateur Civil & Engineering Services (RACES) is activated and the Incident Command System is used to govern disaster response activities, members of ARES may be reassigned to perform communication tasks, at the discretion of the Incident Commander or their designee.

### Amateur Radio Emergency Services (ARES) Contacts

County	Contact	Phone	Email
Monroe	Jim DiTucci Emergency Coordinator	H: 585-426-7956 C: 585-303-9622	<a href="mailto:Jim.NZIXD@gmail.com">Jim.NZIXD@gmail.com</a>
Monroe	Jeff Wigal	H: 585-241-9873 W: 585-899-3776 C: 585-615-9744	<a href="mailto:wy7q@arrl.net">wy7q@arrl.net</a>
Onondaga	Vivian Douglas	315-698-4558	<a href="mailto:ragsonline@hotmail.com">ragsonline@hotmail.com</a>



## **VII. SALVATION ARMY EMERGENCY DISASTER SERVICE: 585-987-9500**

The Salvation Army agrees to provide, within the limitations of its resources, the following services as needed or requested:

### **A. MOBILE CANTEEN SERVICE**

Light refreshment service which may include such items as coffee, bouillon, cocoa, milk, cold drinks, doughnuts, cold sandwiches, etc.

### **B. SPIRITUAL COUNSELING**

Long and protracted emergency disasters

## **VIII. EMERGENCY HEALTH STAFFING**

In the event of an evacuation emergency in one of the nursing homes participating in the Mutual Aid Plan, the following agencies have agreed to be contacted and have staff available to help. Staff will report to the receiving facility. The agency shall bill the receiving facility at their current published rates.

1. Cynthia Webster, Interim Healthcare, 585-454-4930
2. Amy Moe, Intrepid USA Healthcare Services, 585-427-9900
3. Rochester Nurses Registry, 585-654-6570

**IX. EMERGENCY EQUIPMENT (ALSO SEE SEPARATE EQUIPMENT AND SUPPLIES & VENDORS DOCUMENTS)**

**1. EMERGENCY GENERATOR AND BOILER**

In the event of a disaster resulting in the loss of power/hot water, and the duration of the loss is longer than the facility's generator/boiler can handle, the facility should first try to obtain a spare or an additional generator/boiler from their electrical/heating contractor. If this does not take care of your need, call the Office of Emergency Management (OEM). You must be able to give technical specifics such as generator size and capacity needed and boiler size, horse power, steam or hot water.

NOTE: Keep OEP abreast of your efforts.

**2. MATTRESSES / MATS (Gym)**

The receiving facility will need mattresses for the residents they have received. The priority of obtaining these mattresses will be as follows:

- a. extra mattresses at the receiving facility
- b. mattresses from the sending facility
- c. call member facilities for extras
- d. call local resources i.e. schools, stores
- e. call OEM for help in obtaining sufficient mattresses/mats.

NOTE - The receiving facility will need to transport any mattresses obtained by OEM. The Salvation Army could be contacted for assistance, or any other organization with whom you may have agreements.

**3. ITEMS THAT CAN BE OBTAINED FROM OTHER MUTUAL AID FACILITIES**

## **X. MUTUAL AID PARTICIPANTS**

### **PARTICIPATING NURSING HOME FACILITIES – SECTORS**

<b>Sector 1</b>
Clifton Springs – 315-462-0557
DeMay Living Center – 315-332-2700
Elm Manor Nursing Home – 585-394-3883
Geneva Living Center – 315-787-4730
Huntington Living Center – 315-787-4920
M.M. Ewing – 585-396-6000
Newark Manor – 315-331-4690
Ontario Center for Rehabilitation & Healthcare – 585-396-4385
Seneca Nursing & Rehab – 315-539-9202
Sodus Rehabilitation and Nursing Center – 315-483-9118
Soldiers & Sailors Memorial Hospital – ECU (The Homestead) – 315-531-2700/2731
Wayne County Nursing Home – 315-946-5673

<b>Sector 2</b>
Aaron Manor – 585-377-4000
Crest Manor – 585-223-3633
Fairport Baptist Home – 585-377-0350
Friendly Home, The – 585-381-1600
Hill Haven – 585-671-4300
Living Ctr at The Highlands – 585-383-1700
Maplewood Nursing Home – 585-872-1800
Penfield Place – 585-586-7433
St. Ann's Care Center @ Cherry Ridge – 585-697-6800

<b>Sector 3</b>
Brighton Manor – 585-482-3500
Brightonian – 585-271-8700
Cobbs Hill Manor – 585-857-1215
Creekview Nursing and Rehab Center – 585-247-7880
Episcopal Church Home – 585-546-8400
Highlands at Brighton – 585-442-7960
Hurlbut – 585-424-4770
Jewish Home of Rochester – 585-427-7760
Kirkhaven – 585-461-1991
Monroe Community Hospital – 585-760-6500
St. John's Home – 585-760-1340
Unity Living Center – 585-368-3881
Wesley Gardens – 585-241-2100
Woodside Manor – 585-461-0370

<b>Sector 4</b>
Baird Nursing Home – 585-342-5540
Edna Tina Wilson – 585-368-6100
Hamilton Manor – 585-225-0450
Lakeside Beikirch – 585-395-6052
Latta West – 585-225-0910
Latta East – 585-225-0910
Park Ridge Living Center – 585-723-7205
St. Ann's Community – 585-697-6000
Shore Winds, The – 585-663-0930
Sisters of St. Joseph – 585-641-8100
Wedgewood Nursing Home – 585-352-4810

<b>Sector 5</b>
Avon Nursing Home – 585-226-2225
Conesus Lake Nursing Home – 585-346-3001
Hornell Gardens – 607-324-7740
Leroy Village Green – 585-768-2561
Livingston County Center for Nursing & Rehab – 585-243-7200
V.A. Medical Center – 585-394-2000

## **PARTICIPATING ADULT HOME FACILITIES – SECTORS**

<b>Sector 1</b>
Atria Penfield – 585-381-0282
Brookdale Fairport – 585-425-0210
Brookdale Pittsford – 585-249-9990
Cherry Ridge – 585-697-6700
Fairport Baptist Homes Adult Care – 585-377-0350
Glenmere at Cloverwood – 585-248-1200
Grande'Vie Senior Living Community – 585-381-0680
Heather Heights of Pittsford – 585-264-1600
Heathwood Assisted Living at Penfield – 585-425-9663
Landing at Brighton, The – 585-271-1925
Laurelwood at the Highlands – 585-389-1630
Memory Care Residences at Creekstone – 585-223-0160
Northfield, The – 585-377-1810
Sage Harbor at Baywinde – 585-670-7000
Shire Senior Living, LLC – 585-467-4544
Valley Manor Assisted Living – 585-442-6450

<b>Sector 2</b>
Atria Greece – 585-225-3010
Brookdale West Side Rochester – 585-225-7210
Crimson Ridge Gardens – 585-720-9310
Crimson Ridge Meadows – 585-720-9330
Emeritus at Landing of Brockport – 585-637-3140
Grandeville Senior Living Community – 585-621-6160
Hamlet and Memory Care at Unity, The – 585-723-7820
Hilton East – 585-392-7171
Johnathan Child Living Center – 585-436-9462
Legacy at Maiden Park – 585-546-7275
Memory Care Residences at Cottage Grove – 585-594-8720
Rochester Presbyterian Home – 585-235-9100
Seabury Woods – 585-426-4950
Villages at Mill Landing, The – 585-720-3033
Westwood Commons – 585-293-2060
Wolk Manor – 585-341-2345
Woodcrest Commons – 585-334-1800

<b>Sector 3</b>
Ashton Place – 315-462-3140
Bickford Home for Adults – 315-986-5552
Brentland Woods – 585-321-1490
Clark Meadows – 585-393-4330
Clinton Crest Manor – 315-536-8800
DePaul Horizon – 585-396-3390
Leroy Manor – 585-768-6291
Morgan Estates Assisted Living – 585-243-6000
Parkwood Heights – 315-986-9100
Quail Summit – 585-396-1010
Seneca Lake Terrace – 315-789-4162
Terrace at Newark, The – 315-331-5282

**NOTE: THIS PLAN COVERS DIFFERENT LEVELS OF CARE. DURING AN EVACUATION, ADULT HOMES WOULD EVACUATE TO EACH OTHER FIRST. IF MORE PLACEMENT IS NEEDED, ADULT HOMES COULD EVACUATE TO MEMBER NURSING HOMES. NURSING HOMES COULD NEVER EVACUATE TO ADULT HOMES.**

**MUTUAL AID PARTICIPANTS - 2017 – 2018      NURSING FACILITIES**

**SPECIAL CARE CATEGORIES** indicates the special care needs member facilities are prepared to provide.

For example, a facility showing the designations c & f is prepared to care for residents who are fed through tubes and those who have Hickman Catheters. It is important for receiving facilities to have access to equipment needs for Special Care Residents.

**TRANSPORTATION AND COMMUNICATION:** For major disasters with more than 10 people involved, the Fire Chief or other emergency service officials may request a system of transportation through the emergency communications dispatcher. Transportation for residents and medical records can be adequately provided by: Monroe County Emergency Medical Services (see Cooperating Agencies), Salvation Army trucks (see Salvation Army Emergency Disaster Service), vehicles and their capacity with wheelchairs (w/c) and without wheelchairs (w/o) from the facilities.

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Aaron Manor 100 St. Camillus Way Fairport, NY 14450 Phone: 585-377-4000 Fax: 585-377-0013 Joseph Dilal, III, Administrator Charlie Blum Facility email: <a href="mailto:jdilal@aaronmanor.com">jdilal@aaronmanor.com</a> <a href="mailto:cblum@aaronmanor.com">cblum@aaronmanor.com</a> Facility Cell Phone: 585-259-2464 Satellite Phone: HAM Radio Information: Licensed Bed Count: 140	Harris Hill Elementary 2126 Penfield Rd Penfield, NY 14526 585-249-6600	14	B1, B2, B3, D2, D3, D4, E4						

**Respiratory Care**

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Avon Nursing Home 215 Clinton Street Avon, NY 14414 Phone: 585-226-2225 Fax: 585-226-9226 James Donofrio, Administrator Rich Taromino, Envir. Svcs. Director Facility email: <a href="mailto:jdonofrio@avonnursinghome.com">jdonofrio@avonnursinghome.com</a> <a href="mailto:rtaromino@avonnursinghome.com">rtaromino@avonnursinghome.com</a> Facility Cell Phone: 585-362-0150 Satellite Phone: HAM Radio Information: Licensed Bed Count: 40	Avon Central Middle School 191 Clinton Street Avon, NY 14414	4	A2 (2), B1, D2 (2), D3 (2), D4 (4)	1	10	4			
Baird Nursing Home 2150 St. Paul Street Rochester, NY 14621 Phone: 585-342-5540 Fax: 585-342-3539 Stephen Heard, Administrator & Non-Emergency Contact Facility email: <a href="mailto:sheard@bairdnursinghome.com">sheard@bairdnursinghome.com</a> Facility Cell Phone: 585-329-5895 Satellite Phone: HAM Radio Information: Licensed Bed Count: 28	North Baptist Church 2052 St. Paul St Rochester, NY 14621 585-338-7810	3	B1 (1), D2 (1)						

#### 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

F = CPR Certified Staff 24/7



NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Brighton Manor 989 Blossom Road Rochester, NY 14610 Phone: 585-482-3500 Fax: 585-482-3248 Jeanette Angelini, Administrator Bath Goodman Facility email: <a href="mailto:j.angelini@brightonmanor.us">j.angelini@brightonmanor.us</a> <a href="mailto:b.goodman@brightonmanor.us">b.goodman@brightonmanor.us</a> Facility Cell Phone: 585-770-3056 Satellite Phone: HAM Radio Information: Licensed Bed Count: 80	Mercy High School 1437 Blossom Road Rochester, NY 14610 585-288-7120 x330	8	B1 (2), D2 (2), D4 (4)						
Brightonian, The 1919 Elmwood Avenue Rochester, NY 14620 Phone: 585-271-8700 Fax: 585-271-6849 Doris Garcia, Administrator Susan Kelly Facility email: <a href="mailto:dgarcia@thebrightonian.com">dgarcia@thebrightonian.com</a> <a href="mailto:skelly@thebrightonian.com">skelly@thebrightonian.com</a> Facility Cell Phone: 585-362-0249 Satellite Phone: HAM Radio Information: Licensed Bed Count: 54	Monroe Community College 585-292-2911	5	D3 (1), D4 (4)						

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Clifton Springs Hospital & Clinic Extended Care Facility 2 Coulter Road Clifton Springs, NY 14432 Phone: 315-462-9561 Fax: 315-462-0409 James Marotta, Administrator John Taylor, Director of Facilities Facility email: <a href="mailto:james.marotta@rochesterregional.org">james.marotta@rochesterregional.org</a> <a href="mailto:john.taylor@rochesterregional.org">john.taylor@rochesterregional.org</a> Facility Cell Phone: 585-295-3012 Command Center Phone: 315-462-0305 HAM Radio Information: Yes Licensed Bed Count: 108	DeMay Living Center 100 Sunset Drive Newark, NY 14573 Phone: 315-332-2700	11	A1 (2), A2 (11), A3 (11), B1 (11), B2 (2), C1 (11), C2 (11), C4 (11), D2 (5), D3 (11), D4 (11), E1 (4), E3 (2), E4 (2), F	1	8	4			
Conesus Lake Nursing Home 6131 Big Tree Road, Route 15 Livonia, NY 14487 Phone: 585-346-3001 Fax: 585-346-6637 Ann Harris, Administrator Chris Lembcke Facility email: <a href="mailto:aharris@conesuslakenursinghome.com">aharris@conesuslakenursinghome.com</a> <a href="mailto:clembcke@conesuslakenursinghome.com">clembcke@conesuslakenursinghome.com</a> Facility Cell Phone: 585-410-0701 Satellite Phone: HAM Radio Information: Licensed Bed Count: 48	Lakeville Fireman's Training Center 5939 Stone Hill 585-346-5733	4	B1 (1), D2 (1), D4 (4)	1	6	3			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Creekview Nursing and Rehab Center 525 Beahan Road Rochester, NY 14624 Phone: 585-247-7880 Fax: 585-247-6323 Anthony Aiello, Administrator Latrishia Fox, Non-Emergency Contact Facility email: <a href="mailto:aaaiello@creekviewnursing.com">aaaiello@creekviewnursing.com</a> <a href="mailto:lfox@creekviewnursing.com">lfox@creekviewnursing.com</a> Facility Cell Phone: 516-427-0868 Satellite Phone: HAM Radio Information: Licensed Bed Count: 124	Gates Fire Hall 585-426-2720	12	B1 (2), B2 (2), B3 (1), D1 (2), D2 (6), D3 (2), D4 (6), E1 (1)						
Crest Manor Living & Rehab Center 6745 Pittsford-Palmyra Road Fairport, NY 14450 Phone: 585-223-3633 Fax: 585-425-2961 John Bartholomew, Sr., Administrator John Bartholomew, II, Non-Emergency Contact Facility email: <a href="mailto:ajohnsr@bhcg.com">ajohnsr@bhcg.com</a> <a href="mailto:ajb2@bhcg.com">ajb2@bhcg.com</a> Facility Cell Phone: 585-509-3314 Satellite Phone: HAM Radio Information: Licensed Bed Count: 80	Egypt Fire Hall 7478 Pittsford Palmyra Road Fairport, NY 14450 585-223-1923	10	B1 (2), C5 (2), D2 (3), D3 (2), D4 (4), F				1	10	2

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
DeMay Living Center 100 Sunset Drive Newark, NY 14573 Phone: 315-332-2700 Fax: 315-332-2702 Christine Stalker, Administrator Angela Bennett, DON Facility email: <a href="mailto:christine.stalker@rochesterregional.org">christine.stalker@rochesterregional.org</a> <a href="mailto:angela.bennett@rochesterregional.org">angela.bennett@rochesterregional.org</a> Cell Phone: 315-879-1301 Satellite Phone: HAM Radio Information: Licensed Bed Count: 180	Clifton Springs Hospital & Extended Care Facility 2 Coulter Road Clifton Springs 14432 Phone: 315-462-9561	18	A1 (2), A2 (2), B1 (2), B2 (1), C2 (2), C4 (2), D3 (2), D4 (5)	1	10	4			
Edna Tina Wilson Living Center 700 Island Cottage Road Rochester, NY 14612 Phone: 585-368-6100 Fax: 585-368-6180 Shari Hutchinson, Administrator Richard Dubois Facility email: <a href="mailto:shari.hutchinson@rochesterregional.org">shari.hutchinson@rochesterregional.org</a> <a href="mailto:richard.dubois@rochesterregional.org">richard.dubois@rochesterregional.org</a> Facility Cell Phone: 585-773-5159 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	Resch Commons Apartments Address M-F 8-4: 585-621-4263  585-723-7000 (ask for Security)	12	B1 (1), B2 (1), D3 (2)				1	4	6

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Elm Manor Nursing Home 210 N. Main Street Canandaigua, NY 14424 Phone: 585-394-3883 Fax: 585-394-6320 Kelly Davids, Administrator Linda Fonda, Non-Emergency Contact Facility email: <a href="mailto:kdavids@elmmanornursinghome.com">kdavids@elmmanornursinghome.com</a> <a href="mailto:lfonda@elmmanornursinghome.com">lfonda@elmmanornursinghome.com</a> Facility Cell Phone: 585-362-0315 Satellite Phone: HAM Radio Information: Licensed Bed Count: 46	Canandaigua City School 585-396-3700	5	B1 (1), D2 (1), D3 (1), D4 (2)						
Episcopal Church Home 505 Mt. Hope Avenue Rochester, NY 14620 Phone: 585-546-8400 Fax: 585-325-6553 Amanda Teugeman, Administrator Stacy McIntyre, Non-Emergency Contact Facility email: <a href="mailto:ateugeman@episcopalseniorlife.org">ateugeman@episcopalseniorlife.org</a> <a href="mailto:smcintyre@episcopalseniorlife.org">smcintyre@episcopalseniorlife.org</a> Facility Cell Phone: 585-747-4424 Satellite Phone: HAM Radio Information: Licensed Bed Count: 182	University of Rochester Susan B. Anthony Hall Library Road 585-275-3333	18	B1 (2), B2 (1), C1 (2), C2 (2), D2 (2), D3 (3), D4 (4), E3 (2), E4 (2), F	2	12	2	1	3	1

**Respiratory Care**

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Fairport Baptist Home 4646 Nine Mile Point Road Fairport, NY 14450 Phone: 585-377-0350 Fax: 585-377-2620 Greg Powers, Administrator Jared Widner Facility email: <a href="mailto:gpowers@fbhcm.org">gpowers@fbhcm.org</a> <a href="mailto:jwidner@fbhcm.org">jwidner@fbhcm.org</a> Facility Cell Phone: 315-521-8351 Satellite Phone: HAM Radio Information: Licensed Bed Count: 142	BOCES #1 O'Connor Rd Fairport, NY 14450 585-377-4660	15		1	6	3	1	8	4
Friendly Home, The 3156 East Avenue Rochester, NY 14618 Phone: 585-381-1600 Fax: 585-218-8894 Michael Perrotta, Administrator Jeffrey Ross Facility email: <a href="mailto:mperrotta@friendlyhome.org">mperrotta@friendlyhome.org</a> <a href="mailto:jross@friendlyhome.org">jross@friendlyhome.org</a> Facility Cell Phone: 585-703-2995 Satellite Phone: HAM Radio Information: Licensed Bed Count: 200	Linden Knoll, Inc. 81 Linden Avenue Rochester, NY 14610 585-385-0223	20	A2 (1), B1 (2), D3 (1), D4 (1), F	1	18	4			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Geneva Living Center North & South 75 Mason Street Geneva, NY 14456 Phone: 315-787-4000 Fax: 315-787-4812 William Garrity, Administrator Joshua Colton, Non-Emergency Contact Facility email <a href="mailto:bill.garrity@flhealth.org">bill.garrity@flhealth.org</a> <a href="mailto:joshua.colton@flhealth.org">joshua.colton@flhealth.org</a> Facility Cell Phone: 585-704-4200 Satellite Phone: HAM Radio Information: Licensed Bed Count:183	Geneva Hospital or Huntington Living Center 369 East Main Street Waterloo, NY 13165 315-787-4960	10 South 8 North	A2 (1), B1 (1 North, 1 South), C1 (3), C2 (1), D2 (1), D3 (2), D4 (2), E1 (1), E4 (1), F	1	12		1	2	
Hamilton Manor 1172 Long Pond Road Rochester, NY 14626 Phone: 585-225-0450 Fax: 585-225-4306 Steve Hamlin, Administrator & Non- Emergency Contact Facility email: <a href="mailto:shamlin@lattaroadnhwest.com">shamlin@lattaroadnhwest.com</a> Facility Cell Phone: 585-775-5579 Satellite Phone: HAM Radio Information: Licensed Bed Count: 40	Brookside Elementary 1144 Long Pond Road Rochester, NY 14626 585-966-4800 or 585-225-2440	5	B1 (5), B2 (2), D2 (5), D3 (5), D4 (5)						

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Highlands at Brighton, The 5901 Lac De Ville Blvd Rochester, NY 14618 Phone: 585-442-7960 Fax: 585-442-6984 Walter Winiarczyk, Administrator Carl Ingram, Non-Emergency Contact Facility email: <a href="mailto:walter_winiarczyk@urmc.rochester.edu">walter_winiarczyk@urmc.rochester.edu</a> <a href="mailto:Carl_ingram@urmc.rochester.edu">Carl_ingram@urmc.rochester.edu</a> Facility Cell Phone: 585-353-7390 Satellite Phone: HAM Radio Information: Licensed Bed Count: 145	MCC Gymnasium 1000 East Henrietta Road Rochester, NY 14623 585-292-2075	20	A1 (2), A2 (3), A3 (2), A4 (2), B1 (5), B2 (3), B3 (3), B4 (2), B5 (1), C1 (3), C2 (2), C4 (1), D1 (2), D2 (3), D3 (3), D4 (5), E1 (1), E2 (1), E3 (1), E4 (1)	1 bus: 6 seats 5-7 w/c Power hook-up for 2 ventilators					
Highlands Living Center, The 500 Hahnemann Trail Pittsford, NY 14534 Phone: 585-383-1700 Fax: 585-383-9074 Kathy Grimes, Administrator Russell Perrone, Non-Emergency Contact Facility email: <a href="mailto:kathy_grimes@urmc.rochester.edu">kathy_grimes@urmc.rochester.edu</a> <a href="mailto:russell_perrone@urmc.rochester.edu">russell_perrone@urmc.rochester.edu</a> Facility Cell Phone: 585-520-7271 Satellite Phone: HAM Radio Information: Licensed Bed Count: 122	The Highlands at Pittsford (Independent Living) 585-586-7600	15	B1 (5), C2 (4), D3 (3), D4 (5)				1	12	8

#### 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

F = CPR Certified Staff 24/7



NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Hill Haven 1550 Empire Blvd Webster, NY 14580 Phone: 585-671-4300 Fax: 585-922-2392 Catherine Chabrier, Administrator Aaron Newton, Facilities Director Facility email: <a href="mailto:catherine.chabrier@rochesterregional.org">catherine.chabrier@rochesterregional.org</a> <a href="mailto:aaron.newton@rochesterregional.org">aaron.newton@rochesterregional.org</a> Facility Cell Phone: 315-515-8155 Satellite Phone: HAM Radio Information: Licensed Bed Count: 288	Webster Bible Church 675 Holt Road Webster 14580 585-259-7606 Cell: 585-872-5150	28	A2 (2), B1 (5), B2 (2), B3 (2), C2 (4), C3 (2), C4 (2), C5 (3), D2 (5), D3 (5), D4 (5), E1 (3), E3 (2), E4 (3), F	2	14 each bus	2 each bus			
Hornell Gardens 434 Monroe Avenue Hornell, NY 14843 Phone: 607-324-7740 Fax: 607-324-4814 James Bicker, Administrator Bonnie Blair Facility email: <a href="mailto:jbicker@hornellgardens.com">jbicker@hornellgardens.com</a> <a href="mailto:bblair@hornellgardens.com">bblair@hornellgardens.com</a> Facility Cell Phone: 607-661-3926 Satellite Phone: HAM Radio Information: Licensed Bed Count: 114	North Hornell School 607-324-0014	12	B1 (12), B2 (12), B3 (12), C2 (2), D2 (12), D3 (3), D4 (12), F	1	8	3			

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Huntington Living Center 369 East Main Street Waterloo, NY 13165 Phone: 315-787-4922 24/7 number: 315-787-4000 or 315-787-4960 Fax: 315-787-4980 Karol Prayne, Administrator Joshua Colton, Security & Safety Dir. Facility email: <a href="mailto:karol.prayne@flhealth.org">karol.prayne@flhealth.org</a> <a href="mailto:joshua.colton@flhealth.org">joshua.colton@flhealth.org</a> Facility Cell Phone: 315-350-4117 Satellite Phone: HAM Radio Information: Licensed Bed Count: 160	Geneva Living Center North & South 196 North Street Geneva, NY 14456 315-787-4000	16	B1 (5), B2 (5), C1 (4), C2 (4) (no central), D2 (10), D3 (5), D4 (10), F	1	16				
Hurlbut, The 1177 East Henrietta Road Rochester, NY 14623 Phone: 585-424-4770 Fax: 585-424-1922 Kim Danzig, Administrator Rick Liguori, Non-Emergency Contact Facility email: <a href="mailto:kdanzig@thehurlbut.com">kdanzig@thehurlbut.com</a> <a href="mailto:rliguori@thehurlbut.com">rliguori@thehurlbut.com</a> Facility Cell Phone: 585-362-0364 Satellite Phone: HAM Radio Information: Licensed Bed Count: 160	Monroe Community College Gymnasium 1000 E. Henrietta Rd Rochester, NY 14623 585-292-2075	25	B1 (2), C1 (1), C2 (2) (PICC & Peripheral), C4 (1) (complex dsg) (peripheral), D1 (1), D2 (5), D3 (3), D4 (10), F	1	11	3			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Jewish Home of Rochester 2021 Winton Road South Rochester, NY 14618 Phone: 585-427-7760 Fax: 585-341-2455 Michele Schirano, Administrator Robert Lewis, Facility Services Mgr. Facility email: <a href="mailto:mschirano@jewishseniorlife.org">mschirano@jewishseniorlife.org</a> <a href="mailto:rlewis@jewishseniorlife.org">rlewis@jewishseniorlife.org</a> Facility Cell Phone: 585-784-6484 Satellite Phone: HAM Radio Information: Licensed Bed Count: 362	Monroe Community College Gymnasium 1000 E Henrietta Rd Rochester, NY 14623 585-292-2000	36	A2, B1, C1, C2, C4, D2, D3, D4, F	1	10	4	1	4	1
Kirkhaven 254 Alexander Street Rochester, NY 14607 Phone: 585-461-1991 Fax: 585-461-9833 Anne DePoint, Administrator Justin Gaby Facility email: <a href="mailto:adepoint.kirkhaven.com">adepoint.kirkhaven.com</a> <a href="mailto:jgaby@kirkhaven.com">jgaby@kirkhaven.com</a> Facility Cell Phone: 585-370-6891 Satellite Phone: HAM Radio Information: Licensed Bed Count: 147	Valley Manor Apartments 1570 East Ave. Rochester, NY 14610 585-770-1951 585-770-1961 585-770-1905	15	A2 (2), B1 (5), B2 (5), B3 (2), C1 (3), C2 (3), C4 (2), D2 (5), D3 (3), D4 (5), F				1	10	4

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Lakeside Beikirch Care Center 170 West Avenue Brockport, NY 14420 Phone: 585-395-6052 Fax: 585-395-6007 Kimberly Klinetob, Administrator April Beadling, Non-Emergency Contact Facility email <a href="mailto:Kimberly.klinetob@lakesidehealth.org">Kimberly.klinetob@lakesidehealth.org</a> <a href="mailto:abeadling@lakesidehealth.org">abeadling@lakesidehealth.org</a> Facility Cell Phone: 585-314-6517 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	Brockport FD – West Avenue Fire Station 191 West Avenue Brockport, NY 14420 585-637-1030	12	B1 (3), B2 (1), B3 (1), C1 (2), C4 (1), D2 (2), D3 (1), D4 (1)				1 van: 4 seats & 6 w/c or 8 seats & 4 w/c		
Latta Road East Nursing Home 2102 Latta Road Rochester, NY 14612 Phone: 585-225-0910 Fax: 585-225-1514 Steve Hamlin, Administrator & Non- Emergency Contact Facility email: <a href="mailto:shamlin@lattaroadnhwest.com">shamlin@lattaroadnhwest.com</a> Facility Cell Phone: 585-775-5579 Satellite Phone: HAM Radio Information: Licensed Bed Count: 40	Latta West 2100 Latta Road Rochester, NY 14612 585-225-0910 ext. 304	5	B1 (5), B2 (2), D2 (5), D3 (5), D4 (5)						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Latta Road West Nursing Home 2100 Latta Road Rochester, NY 14612 Phone: 585-225-0910 Fax: 585-225-1514 Steve Hamlin, Administrator & Non-Emergency Contact Facility email: <a href="mailto:shamlin@lattaroadnhwest.com">shamlin@lattaroadnhwest.com</a> Facility Cell Phone: 585-775-5579 Satellite Phone: HAM Radio Information: Licensed Bed Count: 40	Latta East 2102 Latta Road Rochester, NY 14612 585-225-0910 ext. 309	5	B1 (5), B2 (2), D2 (5), D3 (5), D4 (5)						
Leroy Village Green Health Care Facility 10 Munson Street Leroy, NY 14482 Phone: 585-768-2561 Fax: 585-768-4335 Robert Rubens, Administrator Kimberly Arnold, Clinical Instructor Facility email: <a href="mailto:brubens@bhcg.com">brubens@bhcg.com</a> <a href="mailto:karnold@bhcg.com">karnold@bhcg.com</a> Facility Cell Phone: 585-748-1189 Satellite Phone: HAM Radio Information: Licensed Bed Count: 140	The Greens Of Leroy 1 West Avenue Leroy, NY 14482 585-768-2740 Kim Pasquale, Director	20	B1, B2, B3 (2), C1 (1) C2 (1), D2, D3 (2), D4, E3, F				1	4	3

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Livingston County Center for Nursing & Rehab 11 Murray Hill Drive Mt. Morris, NY 14510 Phone: 585-243-7200 Fax: 585-243-7269 Franklin Bassett, Administrator Steve Woodruff, Non-Emergency Contact Facility email: <a href="mailto:fbassett@co.livingston.ny.us">fbassett@co.livingston.ny.us</a> <a href="mailto:swoodruff@co.livingston.ny.us">swoodruff@co.livingston.ny.us</a> Facility Cell Phone: 585-703-4118 Satellite Phone: HAM Radio Information: Licensed Bed Count: 266	Mt. Morris Central School 30 Bonadonna Ave Mt. Morris, NY 14510 585-202-5884 (Bill Todd)	26	A2 (4), B1 (4), C1 (2), C2 (2), C4 (2), D3 (4), D4 (4), E1 (2)				1	1	3
M.M. Ewing Continuing Care Center 350 Parrish Street Canandaigua, NY 14424 24/7 Phone: 585-396-6040 24/7 Fax: 585-396-6219 M.M. Ewing Phone: 585-396-6044 M.M. Ewing Fax: 585-396-6219 Amy Daly, LNHA, Administrator James Dietz, Non Emergency Contact Facility email: <a href="mailto:amy.daly@thompsonhealth.com">amy.daly@thompsonhealth.com</a> <a href="mailto:james.dietz@thompsonhealth.com">james.dietz@thompsonhealth.com</a> Facility Cell Phone: 585-346-3806 Satellite Phone: N/A HAM Radio: available on-site Licensed Bed Count: 178	F.F. Thompson Hospital 350 Parrish Street Canandaigua, NY 14424 585-396-6000	18	B1 (2), B2 (2), C2 (4), C4 (1), D3 (2), D4 (3), E4 (3)	1	8	4			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Maplewood Nursing Home 100 Daniel Drive Webster, NY 14580 Phone: 585-872-1800 Fax: 585-872-2597 Greg Chambery, Administrator Gail Ross, Dir. Of Envir. Svcs Facility email: <a href="mailto:greg@visitmaplewood.com">greg@visitmaplewood.com</a> <a href="mailto:gross@visitmaplewood.com">gross@visitmaplewood.com</a> Facility Cell Phone: 585-734-0779 Satellite Phone: HAM Radio Information: Licensed Bed Count: 72	Immanuel Lutheran Church 131 West Main St Webster, NY 14580 585-872-5180	10	D4 (5), D3 (1)				3	6	6
Monroe Community Hospital 435 East Henrietta Road Rochester, NY 14620 Phone: 585-760-6500 Fax: 585-760-6310 Gene Larrabee, Administrator Gary Griffin, Associate Executive Director Facility email: <a href="mailto:genelarrabee@monroehosp.org">genelarrabee@monroehosp.org</a> <a href="mailto:ggriffin@monroehosp.org">ggriffin@monroehosp.org</a> Facility Cell Phone: 585-353-3948 Satellite Phone: HAM Radio Information: Licensed Bed Count: 566	Monroe Community College Gymnasium 1000 E Henrietta Rd Rochester, NY 14623 585-292-2000	56	C2 (56), D3 (56), B1 (1)						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Newark Manor Nursing Home 222 West Pearl Street Newark, NY 14513 Phone: 315-331-4690 Fax: 315-331-8947 Erin Monahan, Administrator Eric Bengtson, Non-Emergency Contact Facility email: <a href="mailto:emonahan@newarkmanornursinghome.com">emonahan@newarkmanornursinghome.com</a> <a href="mailto:ebengstone@newarkmanornursinghome.com">ebengstone@newarkmanornursinghome.com</a> Facility Cell Phone: 315-481-2965 Satellite Phone: HAM Radio Information: Licensed Bed Count: 60	Park Presbyterian Church 110 Maple Court Newark, NY 14513 315-331-2255	8	B1 (2), B2 (1), D2 (1), D3 (1), D4 (1), E3 or E4 (1), F	1	6	3			
Ontario Center for Rehabilitation & Healthcare 3062 County Complex Drive Canandaigua, NY 14424 Phone: 585-396-4385 Fax: 585-396-4414 Judi Polatoff, Administrator Siobhan Baker, RN, DON Facility email: <a href="mailto:ypolatoff@ontariocenter.net">ypolatoff@ontariocenter.net</a> <a href="mailto:sbaker@ontariocenter.net">sbaker@ontariocenter.net</a> Facility Cell Phone: 845-290-7111 Satellite Phone: HAM Radio Information: Licensed Bed Count: 98	Ontario County Safety Training Building 2914 County Road 48 Canandaigua, NY 14424 585-396-4303	10	N/A						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7



NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Park Ridge Living Center 1555 Long Pond Road Rochester, NY 14626 Phone: 585-723-7205 or 723-7000 Fax: 585-723-7118 Amanda Brown, Administrator Bill Timmons, Non-Emergency Contact Facility email: <a href="mailto:amanda.brown2@rochesterregional.org">amanda.brown2@rochesterregional.org</a> <a href="mailto:william.timmons@rochesterregional.org">william.timmons@rochesterregional.org</a> Spectralink Phone: 585-368-4180 Cell Phone: 585-339-8755 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	Villages at Park Ridge 1471 Long Pond Rd Rochester, NY 14626 585-723-7810	12	A2 (2), B1 (12), B2 (2), C1 (4), C2 (4), C3 (1), C4 (1), C5 (2), D2 (12), D3 (2), D4 (12), E4 (4)	1	0	8			
Penfield Place 1700 Penfield Road Penfield, NY 14526 Phone: 585-586-7433 Fax: 585-586-7799 Kari Kuhn, Administrator Mary Wells Facility email: <a href="mailto:kkuhn@penfieldplace.com">kkuhn@penfieldplace.com</a> <a href="mailto:mwells@penfieldplace.com">mwells@penfieldplace.com</a> Facility Cell Phone: 585-362-0384 Satellite Phone: HAM Radio Information: Licensed Bed Count: 48	Jennings & Nulton Funeral Home 1702 Penfield Rd Penfield, NY 14526 585-381-3900	3	B1, B2, D2, D3, D4						

#### 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
St. Ann's Care Center at Cherry Ridge 920 Cherry Ridge Blvd. Webster, NY 14580 Phone: 585-697-6800 Fax: 585-671-8255 Rene Barnes, Administrator Nick Lucci, Non-Emergency Contact Facility email: <a href="mailto:rbarnes@mystannns.com">rbarnes@mystannns.com</a> <a href="mailto:nlucci@mystannns.com">nlucci@mystannns.com</a> Facility Cell Phone: 585-750-7696 Satellite Phone: HAM Radio Information: Licensed Bed Count: 72	Adjacent Assisted Living Facility or St. Ann's 1500 Portland Ave Rochester, NY 14621 585-697-6000	8	B1 (8), B2 (1), C1 (3), D2 (4), D3 (4), F						
St. Ann's Community 1500 Portland Avenue Rochester, NY 14621 Phone: 585-697-6000 Fax: 585-342-1695 Susan Murty, Administrator William Hollenbeck, Non-Emergency Contact Facility email: <a href="mailto:smurty@mystannns.com">smurty@mystannns.com</a> <a href="mailto:whollenbeck@mystannns.com">whollenbeck@mystannns.com</a> Facility Cell Phone: 585-301-3218 Satellite Phone: HAM Radio Information: Licensed Bed Count: 388	Chapel Oaks 1550 Portland Ave 585-697-6600	38	A2, B1, C1, C2, D3, D4, F				2	5 15	10 0

#### Respiratory Care

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
St. John's Home 150 Highland Avenue Rochester, NY 14620 Phone: 585-760-1300 Fax: 585-461-5297 Rebecca Priest, Administrator Sgt. Nelson Colon, Protective Svcs Mgr. Facility email: <a href="mailto:rpriest@stjohnsliving.org">rpriest@stjohnsliving.org</a> <a href="mailto:ncolon@stjohnsliving.org">ncolon@stjohnsliving.org</a> Facility Cell Phone: 585-857-2059 Satellite Phone: HAM Radio Information: Licensed Bed Count: 455	Monroe Community College Gymnasium 1000 E Henrietta Rd Rochester, NY 14623 585-292-2911	45	A2 (45), B2 (45), C2 (10) (PICC), D2 (5-10), D3 (5-10), D4 (45), E3 (45), E4 (depending on private room need)	1    1 w/c Bus  1 Amb.	12  2  16	6  7  2	1	6	
Seneca Nursing & Rehab Center 200 Douglas Drive Waterloo, NY 13165 Phone: 315-539-9202 Fax: 315-539-3495 Mary Lee Burnell, Administrator Frank Grabbatin, Dir. Envir. Svcs. Facility email: <a href="mailto:mburnell@senecanursingandrehabcenter.com">mburnell@senecanursingandrehabcenter.com</a> <a href="mailto:fgrabbatin@senecanursingandrehabcenter.com">fgrabbatin@senecanursingandrehabcenter.com</a> Facility Cell Phone: 315-719-2834 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	St. Paul's Episcopal Church 101 East William Street Waterloo, NY 13165 315-539-3897	12	C1 (2), C2 (2), C4 (2), D2 (2), D3 (2), D4 (2), F	2	8 people each				

**Respiratory Care**

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Shore Winds, The 425 Beach Avenue Rochester, NY 14612 Phone: 585-663-0930 Fax: 585-663-6368 Cheryl Unterborn, Administrator Jeff Strong, Dir. Of Env. Svcs Facility email: <a href="mailto:cheryl.unterborn@theshorewinds.com">cheryl.unterborn@theshorewinds.com</a> <a href="mailto:jstrong@theshorewinds.com">jstrong@theshorewinds.com</a> Facility Cell Phone: 585-362-0499 Satellite Phone: HAM Radio Information: Licensed Bed Count: 229	Holy Cross Church 585-663-2244	20	B1 (2), B2 (3), B3 (2), C1 (3), C2 (2) (no central line), D1 (2), D2 (2), D3 (2), D4 (2)						
Sisters of St. Joseph of Rochester 150 French Road Rochester, NY 14618 Phone: 585-641-8100 Fax: 585-641-8594 Jay Brooks, Administrator Michael McGrane, Director of Facilities Facility email: <a href="mailto:jbrooks@ssjrochester.org">jbrooks@ssjrochester.org</a> <a href="mailto:mmcgrane@ssjrochester.org">mmcgrane@ssjrochester.org</a> Facility Cell Phone: 585-512-4161 Satellite Phone: HAM Radio Information: Licensed Bed Count: 80	Nazareth College 4285 East Ave Rochester, NY 14618 585-389-2840  Sisters of Mercy 1437 Blossom Rd Rochester, NY 14610 585-288-2710 x205	0  CAN NOT RECEIVE EVACUATING RESIDENTS AS PER THE GREATER ROCHESTER MUTUAL AID PLAN STEERING COMMITTEE	N/A	1	12	2	1	2	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

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

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Sodus Rehabilitation and Nursing Center 6884 Maple Avenue Sodus, NY 14551 Phone: 315-483-9118 Fax: 315-483-9432 Christina Oropeza, Administrator Tom Castro, Maintenance Director Facility email: <a href="mailto:coropeza@sodusrehab.com">coropeza@sodusrehab.com</a> <a href="mailto:tcastro@sodusrehab.com">tcastro@sodusrehab.com</a> Facility Cell Phone: 585-287-7146 Satellite Phone: HAM Radio Information: Licensed Bed Count: 130	Sodus Central High School Day: 315-483-5201 After school: 315-945-7143 Home phone: 315-483-8636 Steve Spinelli	10	A2 (1), B1 (1), B2 (1), B3 (1), C1 (1), C2 (1), C4 (1), D2 (1), D3 (1), D4 (1), E1 (1), E3 (1), E4 (1)	1	12	2			
Soldiers & Sailors Memorial Hospital – ECU (The Homestead) 418 North Main Street Penn Yan, NY 14527 Phone: 315-531-2700 / 2731 Fax: 315-531-2727 Karol Prayne, Administrator Joshua Colton, Non-Emergency Contact Facility email: <a href="mailto:karol.prayne@flhealth.org">karol.prayne@flhealth.org</a> <a href="mailto:joshua.colton@flhealth.org">joshua.colton@flhealth.org</a> Facility Cell Phone: 315-350-4117 Satellite Phone: HAM Radio Information: Licensed Bed Count: 150	Geneva Living Center North & South 196 North Street Geneva, NY 14456 315-787-4000	15	A2 (1), B1 (2), B2 (2), B3 (1), B4 (1), C1 (1), C2 (1), D1 (1), D2 (1), D3 (1), D4 (1)				2	10	2

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Unity Living Center 89 Genesee Street Rochester, NY 14611 Phone: 585-368-3411 Fax: 585-368-3145 Tiffany Welch-Quinn, Administrator Patricia Hoke Facility email: <a href="mailto:tiffany.welch@rochesterregional.org">tiffany.welch@rochesterregional.org</a> <a href="mailto:patricia.hoke@rochesterregional.org">patricia.hoke@rochesterregional.org</a> Facility Cell Phone: 585-402-9859 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	Bishop Kearney Bldg. 585-386-3411	12	A1 (1)						
Veterans Affairs at Canandaigua 400 Fort Hill Avenue Canandaigua, NY 14424 Phone: 585-394-2000 Fax: 585-393-8328 Michael Swartz, Administrator Bob Palmer, Safety Officer Facility email: <a href="mailto:robert.palmer@va.gov">robert.palmer@va.gov</a> <a href="mailto:michael.swartz@va.gov">michael.swartz@va.gov</a> Facility Cell Phone: 585-397-6665 Satellite Phone: HAM Radio Information: Licensed Bed Count: 1116	Another building within the VA Campus	9	B1 (2), B2 (2), B3 (1), C1 (2), D2 (1), D3 (4), E1 (1), E3 (2), E4 (2)	1 – 30 passenger bus capable to be converted to 15 litters of 6 wheel chairs  1 – 14 passenger bus capable to be converted to 9 litters or 3 wheel chairs					

**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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Wayne County Nursing Home 1529 Nye Road Lyons, NY 14489 Phone: 315-946-5673 Fax: 315-946-5671 Denis Vinnik, Administrator Sandra Isaac, Non-Emergency Contact Facility email: <a href="mailto:dvinnik@co.wayne.ny.us">dvinnik@co.wayne.ny.us</a> <a href="mailto:sisaac@co.wayne.ny.us">sisaac@co.wayne.ny.us</a> Facility Cell Phone: 315-521-4235 Satellite Phone: HAM Radio Information: Licensed Bed Count: 192	Fire Training Center 7336 Rt 31 Lyons, NY 14489 315-946-5640 or Lyons Community Center 4 Manhattan Street Lyons, NY 14489 315-946-6202	20	A2 (1), B1 (4), B2 (2), B3 (1), C1 (1), C2 (1), C4 (1), D2 (2), D3 (2), D4 (3), E1 (1), E4 (1), F	1	4	4			
				1	5	3			
Wedgewood Nursing Home 5 Church Street Spencerport, NY 14559 Phone: 585-352-4810 Fax: 585-352-1032 James Donofrio, Administrator Sue Ingram Facility email: <a href="mailto:jdonofrio@avonnursinghome.com">jdonofrio@avonnursinghome.com</a> <a href="mailto:singram@wedgewoodnursingfacility.com">singram@wedgewoodnursingfacility.com</a> Facility Cell Phone: 585-362-0150 Satellite Phone: HAM Radio Information: Licensed Bed Count: 29	1 <sup>st</sup> Congregational Church (White Church) Church Street Spencerport, NY 14559 585-352-3448	4	A2, B1, D2, D3, D4, F						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

NURSING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Wesley Gardens 3 Upton Park Rochester, NY 14607 Phone: 585-241-2100 Fax: 585-241-2180 Robert Jones, III, Administrator Jim Ingle, Director Facilities Facility email: <a href="mailto:wgceo@wesleygardens.com">wgceo@wesleygardens.com</a> <a href="mailto:jingle@cmswny.org">jingle@cmswny.org</a> Facility Cell Phone: 585-233-4815 Satellite Phone: HAM Radio Information: Licensed Bed Count: 200	Third Presbyterian Church 4 Meigs St Rochester, NY 14607 585-271-6513	20	B1 (2), C1 (2), C2 (2), C4 (2), D1 (2), D2 (2), D3 (2), D4 (2), E4 (2), F	1	2	6			
Woodside Manor Nursing Home 2425 Clinton Avenue South Rochester, NY 14618 Phone: 585-461-0370 Fax: 585-461-5897 Elisa Chambery, Administrator Diane Wickes Facility email: <a href="mailto:echambery@woodsidemanor.com">echambery@woodsidemanor.com</a> <a href="mailto:dwickes@woodsidemanor.com">dwickes@woodsidemanor.com</a> Facility Cell Phone: 585-362-0573 Satellite Phone: HAM Radio Information: Licensed Bed Count: 44	The Hurlbut 1177 East Henrietta Road Rochester, NY 14623 585-424-4770	5	B1 (5), D3 (1)	1 (Shared w/ The Brigh- tonian)	16				

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7



ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
ADULT HOMES & ASSISTED LIVING									
Ashton Place 190 Ashton Court Clifton Springs, NY 14432 Phone: 315-462-3140 Fax: 315-462-5770 Kevin Christiano, Administrator Fred Proietti, Non-Emergency Contact Facility email: <a href="mailto:kchristiano@ashtonplaceny.com">kchristiano@ashtonplaceny.com</a> <a href="mailto:fproietti@ashtonplaceny.com">fproietti@ashtonplaceny.com</a> Facility Cell Phone: 585-737-1237 Satellite Phone: HAM Radio Information: Licensed Bed Count: 60	Clifton Springs Hospital & Clinic Extended Care 2 Coulter Road Clifton Springs, NY 14432 Phone: 315-462-9561	6	N/A	Limo	7	0			
Atria Greece 150 Towngate Road Rochester, NY 14626 Phone: 585-225-3010 Fax: 585-225-3011 Tina Weller, Administrator Brian Kazak Facility email: <a href="mailto:tina.weller@atriaseniiorliving.com">tina.weller@atriaseniiorliving.com</a> <a href="mailto:Brian.kazak@atriaseniiorliving.com">Brian.kazak@atriaseniiorliving.com</a> Facility Cell Phone: 585-397-4545 Satellite Phone: HAM Radio Information: Licensed Bed Count: 68	John Knox Presbyterian Church 3233 West Ridge Road Rochester, NY 14626 585-225-6533	8	N/A	1		6			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Atria Penfield 2006 Five Mile Line Road Penfield, NY 14526 Phone: 585-381-0282 Fax: 585-381-0788 Charlene Wiwel, Administrator Gary Young Facility email: <a href="mailto:charlene.wiwel@atriaseniorliving.com">charlene.wiwel@atriaseniorliving.com</a> <a href="mailto:gary.young@atriaseniorliving.com">gary.young@atriaseniorliving.com</a> Facility Cell Phone: 585-397-2021 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	St. Joseph's Church 43 Gebhardt Road Penfield, NY 14526 585-586-8089	10	N/A				1	8	
Bickford Home for Adults, The 56 Main Street Macedon, NY 14502 Phone: 315-986-5552 (ext. 21) Fax: 315-986-2968 Michele Lanning, Administrator Peter & Shirley Schumacker, Non-Emergency Contact Facility email: <a href="mailto:mlanning.bh@gmail.com">mlanning.bh@gmail.com</a> <a href="mailto:pschumacher.bh@gmail.com">pschumacher.bh@gmail.com</a> Facility Cell Phone: 585-704-4749 Satellite Phone: HAM Radio Information: Licensed Bed Count: 24	First Baptist Church 315-986-4510  Or  Macedon Town Hall 315-986-5932	2	N/A				1 1 1	15 8 7	0 0 0

**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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Brentland Woods 3831 East Henrietta Road Henrietta, NY 14467 Phone: 585-321-1490 Fax: 585-321-3289 Susan Webb, Administrator William Maybeck, Non-Emergency Contact Facility email: <a href="mailto:swebb@episcopalseniorlife.org">swebb@episcopalseniorlife.org</a> <a href="mailto:wmaybeck@episcopalseniorlife.org">wmaybeck@episcopalseniorlife.org</a> Facility Cell Phone: 585-419-5761 Satellite Phone: HAM Radio Information: Licensed Bed Count: 51	St. Peter's Episcopal Church 3825 E. Henrietta Rd 585-334-1110	5	B1 (1), B2 (2)	1	12 Or 10	2 Or 3			
Brookdale Emeritus at Landing of Brockport 90 West Avenue Brockport, NY 14420 Phone: 585-637-3140 Fax: 585-637-3145 Cynthia Petkus-Barna, Administrator Terry Kipp, RN RCD, Non-Emergency Contact Facility email: <a href="mailto:cindy.petkus-barna@brookdale.com">cindy.petkus-barna@brookdale.com</a> <a href="mailto:Terry.kipp@brookdale.com">Terry.kipp@brookdale.com</a> Facility Cell Phone: 590-0042 Satellite Phone: HAM Radio Information: Licensed Bed Count: 100	Station 3 Fire Hall West Ave 585-637-1030/1011  or  Brockport Central School 585-637-1987/1820	9	B1 (3)				1	12	2

**Respiratory Care**

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Brookdale Fairport 7 Chardonnay Drive Fairport, NY 14450 Phone: 585-425-0210 Fax: 585-425-0213 Joseph Lynch, Administrator Lisa Caryl, Non-Emergency Contact Facility email: <a href="mailto:joseph.lynch@brookdale.com">joseph.lynch@brookdale.com</a> <a href="mailto:lisa.caryl@brookdale.com">lisa.caryl@brookdale.com</a> Facility Cell Phone: 585-766-8769 Satellite Phone: HAM Radio Information: Licensed Bed Count: 80	Crest Manor 6745 Pittsford-Palmyra Rd Fairport, NY 14450 585-223-3633	8	N/A	1	8	2	1		
Brookdale Pittsford 159 Sully's Trail Pittsford, NY 14534 Phone: 585-249-9990 Fax: 585-249-9940 Tina Mabbett, Administrator Brian Lindsay, Non-Emergency Contact Facility email: <a href="mailto:tina.mabbett@brookdale.com">tina.mabbett@brookdale.com</a> <a href="mailto:blindsay@brookdale.com">blindsay@brookdale.com</a> Facility Cell Phone: 585-402-0036 Satellite Phone: HAM Radio Information: Licensed Bed Count: 52	The Gables at Brighton 2001 Clinton Ave S. Rochester, NY 14618 877-760-1443	10	B1 (10)				1	6	0

**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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Brookdale West Side Rochester 1404 Long Pond Road Rochester, NY 14626 Phone: 585-225-7210 Fax: 585-225-6314 Jeff Kipp, Administrator Christy Newton, Non-Emergency Contact Facility email: <a href="mailto:jeff.kipp@brookdale.com">jeff.kipp@brookdale.com</a> <a href="mailto:christy.newton@brookdale.com">christy.newton@brookdale.com</a> Facility Cell Phone: 585-478-4290 Satellite Phone: HAM Radio Information: Licensed Bed Count: 72	Lutheran Church of Concord 485 Holmes Road 585-225-3969	7	N/A	1	9	2			
Cherry Ridge 900 Cherry Ridge Blvd Webster, NY 14580 Phone: 585-697-6700 Fax: 585-671-8255 Laura Hollenbeck, Admin. Assisted Living Rene Barnes Facility email: <a href="mailto:lhollenbeck@mystannns.com">lhollenbeck@mystannns.com</a> <a href="mailto:rbarnes@mystannns.com">rbarnes@mystannns.com</a> Facility Cell Phone: 585-406-0027 Satellite Phone: HAM Radio Information: Licensed Bed Count: 87	St. Ann's 1500 Portland Ave Rochester, NY 14621 585-697-6000	9	N/A	2	15	5			

**Respiratory Care**

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Clark Meadows at Ferris Hills One Ferris Hills Canandaigua, NY 14424 Phone: 585-393-4330 Fax: 585-393-0567 After hours Phone: 585-396-6000 Jennifer Army, Administrator Aimee Ward, Director of Operations Facility email: <a href="mailto:jennifer.army@thompsonhealth.org">jennifer.army@thompsonhealth.org</a> <a href="mailto:aimee.ward@thompsonhealth.org">aimee.ward@thompsonhealth.org</a> Facility Cell Phone: 585-747-1466 Satellite Phone: n/a HAM Radio Information: available on-site Licensed Bed Count: 48	Thompson Health 350 Parish Street Canandaigua, NY 14424 585-396-6000	5	N/A	1	16	1	1	4	0
Clinton Crest Manor 411 Clinton Street Penn Yan, NY 14527 Phone: 315-536-8800 Fax: 315-531-9088 Deena Conley, Administrator Heidi Wilber, Non-Emergency Contact Facility email: <a href="mailto:ccmanor@rochester.twcbc.com">ccmanor@rochester.twcbc.com</a> Facility Cell Phone: 315-270-2563 Satellite Phone: HAM Radio Information: Licensed Bed Count: 42	Army Reserve 198 Cornwell Street Penn Yan, NY 14527 315-536-7031	4	N/A	1 bus: 14 seats or 12 seats & 1 w/c					

#### 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Cobb's Hill Manor 1175 Monroe Avenue Rochester, NY 14620 Phone: 585-851-8696 Fax: 585-730-5397 Christine Caplan, Administrator Judy Valent Facility email: <a href="mailto:ccaplan.cobbshillmanor@gmail.com">ccaplan.cobbshillmanor@gmail.com</a> <a href="mailto:jvalent.cobbshillmanor@gmail.com">jvalent.cobbshillmanor@gmail.com</a> Facility Cell Phone: 585-857-1215 Satellite Phone: HAM Radio Information: Licensed Bed Count: 118	Congregation Beth Shalom 1161 Monroe Ave. Rochester, NY 14620 585-473-1625  Bob David, Exec. Administrator Cell: 585-261-2588	11	N/A						
Crimson Ridge Gardens 1 Treeline Drive Rochester, NY 14612 Phone: 585-720-9310 Fax: 585-720-9311 Anne Gray, Administrator Robert Pels, Non-Emergency Contact Facility email: <a href="mailto:agray@peregrine-companies.com">agray@peregrine-companies.com</a> <a href="mailto:rpels@peregrine-companies.com">rpels@peregrine-companies.com</a> Facility Cell Phone: 585-455-4928 Satellite Phone: HAM Radio Information: Licensed Bed Count: 52	Crimson Ridge Meadows 3 Treeline Drive Rochester, NY 14612 585-720-9330	5	N/A	1	9	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

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

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Crimson Ridge Meadows 3 Treeline Drive Rochester, NY 14612 Phone: 585-720-9330 Fax: 585-720-9331 Anne Gray, Administrator Robert Pels, Non-Emergency Contact Facility email: <a href="mailto:agray@peregrine-companies.com">agray@peregrine-companies.com</a> <a href="mailto:rpels@peregrine-companies.com">rpels@peregrine-companies.com</a> Facility Cell Phone: 585-455-4928 Satellite Phone: HAM Radio Information: Licensed Bed Count: 52	Crimson Ridge Gardens 1 Treeline Drive Rochester, NY 14612 585-720-9310	5	N/A	1	9	2			
DePaul Horizons 3132 State Route 21 S. Canandaigua, NY 14424 Phone: 585-396-3390 Fax: 585-396-7332 Kathy McGhan, Administrator Kimberlee Patterson-Brown Facility email: <a href="mailto:kmurray-mcghan@depaul.org">kmurray-mcghan@depaul.org</a> <a href="mailto:kpatterson-brown@depaul.org">kpatterson-brown@depaul.org</a> Facility Cell Phone: 585-746-3207 Satellite Phone: HAM Radio Information: Licensed Bed Count: 76	Zion Fellowship Church 5188 Bristol Rd Canandaigua, NY 14424 585-394-7450 x309  After hours: 585-746-6735 (Pastor Chris) 585-489-7702 (Jeff)	8	N/A						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7



ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Fairport Baptist Homes Adult Care Facility 4646 Nine Mile Point Road Fairport, NY 14450 Phone: 585-377-0350 (ask for Adult Care) Fax: 585-388-2368 Ashley Gebbie, Administrator Thera Miller, Assist Admin Facility email: <a href="mailto:agebbie@fbhcm.org">agebbie@fbhcm.org</a> <a href="mailto:tmiller@fbhcm.org">tmiller@fbhcm.org</a> Facility Cell Phone: 585-698-5456 Satellite Phone: HAM Radio Information: Licensed Bed Count: 33	BOCES #1 O'Connor Rd Fairport, NY 14450 585-377-4660	3	N/A						
Glenmere at Cloverwood One Wheatley Terrace Pittsford, NY 14534 Phone: 585-248-1200 Fax: 585-248-1201 Pamela Miller, Administrator Andy Trepanier, Non-Emergency Contact Facility email: <a href="mailto:pmiller@glenmere.org">pmiller@glenmere.org</a> <a href="mailto:atrepanier@cloverwood.org">atrepanier@cloverwood.org</a> Facility Cell Phone: 585-281-7167 Satellite Phone: HAM Radio Information: Licensed Bed Count: 77	The Friendly Home 3156 East Ave Rochester, NY 14618 585-381-1600	6 Assisted Living Level          2 Memory Care Level	N/A          B1 (2)				1	12	2

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Grande'Vie Senior Living Community 2140 Five Mile Line Road Penfield, NY 14526 Phone: 585-381-0680 Fax: 585-381-1293 Bridget Keenan, Administrator Bill Keenan, Dir. Of Maintenance <a href="mailto:bridgetkeenan@grandvie.com">bridgetkeenan@grandvie.com</a> <a href="mailto:billkeenan@grandvie.com">billkeenan@grandvie.com</a> Cell Phone: 585-755-4445 Satellite Phone: HAM Radio Information: Licensed Bed Count: 178	St. Joesph's Catholic Church 43 Gebhardt Road Penfield, NY 14526 585-586-8089 x112 Rev. James Schwartz <a href="mailto:Schwartz@sjcpenfield.com">Schwartz@sjcpenfield.com</a>	20	B1 (10), D2 (10), F	1	12	2			
Grandeville Senior Living Community 555 Maiden Lane Rochester, NY 14616 Phone: 585-621-6160 Fax: 585-697-2934 Tina Brown, Administrator Jeanine McKay, Non-Emergency Contact Facility email: <a href="mailto:tbrown@grandeville.com">tbrown@grandeville.com</a> <a href="mailto:jmckay@grandeville.com">jmckay@grandeville.com</a> Cell Phone: 585-303-9785 (Tina); 585-749-2070 (Jeanine) Satellite Phone: HAM Radio Information: Licensed Bed Count: 140	St. Charles Borromeo Church 3003 Dewey Ave Rochester, NY 14616 585-663-3230	12	B1 (2)	1	12	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

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

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Hamlet and Memory Care at Unity, The 1471 Long Pond Road Rochester, NY 14626 Phone: 585-723-7820 Fax: 585-723-7370 Jeff Sweeney, Administrator Kushana Dentley-Stone, Senior Resident Care Manager Facility email: <a href="mailto:jeff.sweeney@rochesterregional.org">jeff.sweeney@rochesterregional.org</a> <a href="mailto:kushana.dentley-stone@rochesterregional.org">kushana.dentley-stone@rochesterregional.org</a> Facility Cell Phone: 585-747-9377 Satellite Phone: HAM Radio Information: Licensed Bed Count: 42 plus 20 Memory Care	Park Ridge Living Center Transitional Care Center 1555 Long Pond Rd Rochester, NY 14626 585-723-7205	4 Assisted Living plus 2 Memory Care	B1 (2), F	1	22	2	1	10	2
Heather Heights of Pittsford 160 West Jefferson Road Pittsford, NY 14534 Phone: 585-264-1600 Fax: 585-264-1010 Sherry Hoose, Administrator Evelyn Suarez Facility email: <a href="mailto:shoose@hamistergroup.com">shoose@hamistergroup.com</a> <a href="mailto:esuarez@heatherheights.com">esuarez@heatherheights.com</a> Facility Cell Phone: 585-624-2911 Satellite Phone: HAM Radio Information: Licensed Bed Count: 96 Assisted, 24 Memory Care	Jefferson Road Elementary School 585-218-1300	12	B1 (6)	1	14	2	1 (car)	5	0

**Respiratory Care**

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Heathwood Assisted Living at Penfield 100 Elderwood Court Penfield, NY 14526 Phone: 585-425-9663 Fax: 585-388-8632 Bonnie Goodwin, Administrator Joelle Springer, RN Facility email: <a href="mailto:bgoodwin@heathwoodassistedliving.com">bgoodwin@heathwoodassistedliving.com</a> <a href="mailto:jspringer@heathwoodassistedliving.com">jspringer@heathwoodassistedliving.com</a> Facility Cell Phone: 585-216-5844 Satellite Phone: HAM Radio Information: Licensed Bed Count: 133	Aaron Manor 100 Saint Camillus Way Fairport, NY 14450 585-377-4000	13	B1 (2)	1	12	2			
Hilton East Assisted Living 231 East Avenue Hilton, NY 14468 Phone: 585-392-7171 Fax: 585-392-3631 Don Smith, Administrator Sheila Turner, Non-Emergency Contact Facility email: <a href="mailto:dsmith@hiltoneast.com">dsmith@hiltoneast.com</a> <a href="mailto:sturner@hiltoneast.com">sturner@hiltoneast.com</a> Facility Cell Phone: 585-775-9488 Satellite Phone: HAM Radio Information: Licensed Bed Count: 178	West Avenue School 225 West Avenue Hilton, NY 14468 585-392-1000	20	N/A	1	9	1	1 (car)	3	0

#### 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Jonathan Child EHP and ALP 399 Colvin Street Rochester, NY 14611 Phone: 585-436-9462 Fax: 585-529-4863 Aimee Cosimano, Administrator Kathie Stirk Facility email: <a href="mailto:acosimano@fsr.org">acosimano@fsr.org</a> <a href="mailto:kstirk@fsr.org">kstirk@fsr.org</a> Facility Cell Phone: 585-797-4790 Satellite Phone: HAM Radio Information: Licensed Bed Count: 30	Danforth Towers 140 West Ave 585-436-9400	3	E3 (2)	1	8	1			
Landing at Brighton, The 1350 Westfall Road Rochester, NY 14618 Phone: 585-271-1925 Fax: 585-242-0744 April Shiebler, Administrator Joanna Griggs Facility email: <a href="mailto:april.shiebler@atriaseniiorliving.com">april.shiebler@atriaseniiorliving.com</a> <a href="mailto:joanna.griggs@atriaseniiorliving.com">joanna.griggs@atriaseniiorliving.com</a> Facility Cell Phone: 585-355-0980 Satellite Phone: HAM Radio Information: Licensed Bed Count: 200	Atria Penfield 2006 Five Mile Line Rd 585-381-0282	12	B1 (3)	1	12	1			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Laurelwood Assisted Living at the Highlands 300 Hahnemann Trail Pittsford, NY 14534 Phone: 585-389-1630 Fax: 585-389-4758 Judy Sims, Administrator Russell Perrone, Facilities Director Facility email: <a href="mailto:judy_sims@urmc.rochester.edu">judy_sims@urmc.rochester.edu</a> <a href="mailto:russell_perrone@urmc.rochester.edu">russell_perrone@urmc.rochester.edu</a> Facility Cell Phone: 585-353-7259 Satellite Phone: HAM Radio Information: Licensed Bed Count: 68	Highlands Living Center 500 Hahnemann Trail Pittsford, NY 14534 585-383-1700	6	N/A	1	18	2	1	12	0
Legacy at Maiden Park 749 Maiden Lane Rochester, NY 14615 Phone: 585-546-7275 Fax: 585-581-0066 Elizabeth Richardson, Administrator James Luttrell Facility email: <a href="mailto:Erichardson@legacymaidenpark.com">Erichardson@legacymaidenpark.com</a> <a href="mailto:jluttrell@legacymaidenpark.com">jluttrell@legacymaidenpark.com</a> Facility Cell Phone: 585-747-8622 Satellite Phone: HAM Radio Information: Licensed Bed Count: 98	The Odyssey School 750 Maiden Lane Rochester 14615	10 total  (4 Assisted 3 Enhanced Living 3 Memory Care)	B1, B2, B3						

#### Respiratory Care

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Leroy Manor 8678 Lake Street Leroy, NY 14482 Phone: 585-768-6291 Fax: 585-768-6293 Bethany Labrador, Administrator Tim Ruffin, Non-Emergency Contact Facility email: <a href="mailto:bethany.labrador@yahoo.com">bethany.labrador@yahoo.com</a> <a href="mailto:Truffin14@hotmail.com">Truffin14@hotmail.com</a> Facility Cell Phone: 585-356-2612 Satellite Phone: HAM Radio Information: Licensed Bed Count: 79	Leroy Central School 9300 South State Road Leroy, NY 14482 585-768-8131	7	B3				1	12	
Memory Care Residences at Cottage Grove 48 Cottage Grove Circle North Chili, NY 14514 Phone: 585-594-8720 x7 Fax: 585-594-8739 Laurie Clark, Administrator Jerry Gullo, Non-Emergency Contact Facility email: <a href="mailto:jerry.gullo@rph.org">jerry.gullo@rph.org</a> <a href="mailto:laurie.clark@rph.org">laurie.clark@rph.org</a> Facility Cell Phone: 585-455-8370 Satellite Phone: HAM Radio Information: Licensed Bed Count: 52	Cottage Grove Community Center 4420 Buffalo Road North Chili, NY 14514 585-424-4445	5	N/A	1	12	1	1	5	0

**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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Memory Care Residences at Creekstone 20 Crossing Creek Drive Fairport, NY 14450 Phone: 585-223-0160 Fax: 585-223-0140 Jennifer DiOrio, Administrator Jerry Gullo, Non-Emergency Contact Facility email: <a href="mailto:jennifer.diorio@rph.org">jennifer.diorio@rph.org</a> <a href="mailto:jerry.gullo@rph.org">jerry.gullo@rph.org</a> Facility Cell Phone: 585-746-5838 Satellite Phone: HAM Radio Information: Licensed Bed Count: 56		6							
Morgan Estates Assisted Living 4588 Morgan View Road Geneseo, NY 14454 Phone: 585-243-6000 Fax: 585-243-0286 Jennifer Perelli, Administrator Brandy Witt, Assistant Administrator Facility email: <a href="mailto:j.bruckel@morganestates.com">j.bruckel@morganestates.com</a> <a href="mailto:b.witt@morganestates.com">b.witt@morganestates.com</a> Facility Cell Phone: 585-259-5772 Satellite Phone: HAM Radio Information: Licensed Bed Count: 78/72	Geneseo Central School 4050 Avon Road Geneseo, NY 14454 Phone: 585-243-3450 Fax: 585-243-3908  Contact: Tracy Levee Cell: 585-703-7174  Contact 2: Tom Curtain Cell: 585-703-7174	8	B1 (2), B3 (2)	1	12	2	1	6	

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7



ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Northfield, The 4650 Nine Mile Point Road Fairport, NY 14450 Phone: 585-377-1810 Fax: 585-377-3066 Amy Burgess, Administrator Matthew Albright Facility email: <a href="mailto:aburgess@fsr.org">aburgess@fsr.org</a> <a href="mailto:malbright@fsr.org">malbright@fsr.org</a> Facility Cell Phone: 585-217-1414 Satellite Phone: HAM Radio Information: Licensed Bed Count: 79	Church of the Assumption 20 East Ave Fairport, NY 14450 585-338-0040 x646 585-749-4991	7	N/A				1 1 car	8 4	
Parkwood Heights, LLC 1340 Parkwood Drive Macedon, NY 14502 Phone: 315-986-9100 Fax: 315-538-8194 Jadon Weinel, Administrator Molly White, Program Coordinator Facility email: <a href="mailto:j.weinel@parkwoodheights.com">j.weinel@parkwoodheights.com</a> <a href="mailto:m.white@parkwoodheights.com">m.white@parkwoodheights.com</a> Facility Cell Phone: 585-746-0439 Satellite Phone: HAM Radio Information: Licensed Bed Count: 40	First Baptist Church 58 Main Street Macedon, NY 14502 315-986-4510	4	N/A	1	15	2			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Quail Summit 5102 Parrish Street Ext. Canandaigua, NY 14424 Phone: 585-396-1010 Fax: 585-396-1741 Gloria Harrington, Executive Director Kelli Donlon, Non-Emergency Contact Facility email: <a href="mailto:gharrington@quailsummit.com">gharrington@quailsummit.com</a> <a href="mailto:kdonlon@quailsummit.com">kdonlon@quailsummit.com</a> Facility Cell Phone: 585-734-2043 Satellite Phone: HAM Radio Information: Licensed Bed Count: 55	Canandaigua City School 585-396-3700	5	B1 (2)	1	13	1			
Rochester Presbyterian Home 256 Thurston Road Rochester, NY 14619 Phone: 585-235-9100 Fax: 585-235-1315 Rebecca Pontera, Administrator Jerry Gullo, Director of Support Svcs Facility email: <a href="mailto:rebecca.pontera@rph.org">rebecca.pontera@rph.org</a> <a href="mailto:jerry.gullo@rph.org">jerry.gullo@rph.org</a> Facility Cell Phone: 585-290-5382 Satellite Phone: HAM Radio Information: Licensed Bed Count: 102	Parkminster Presbyterian Church 2710 Chili Avenue Rochester, NY 14624 585-247-2424 585-247-7087	10	B1 (10)	1	16	1	1	5	0

#### Respiratory Care

A1 = Ventilator Care  
 A2 = Tracheostomy Care  
 A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Sage Harbor at Baywinde 100 Kidd Castle Way Webster, NY 14580 Phone: 585-670-7000 Fax: 585-670-7386 Frances McMullen, Administrator Lori Posato Facility email: <a href="mailto:fmcmullen@seniorlifestyle.com">fmcmullen@seniorlifestyle.com</a> <a href="mailto:lposato@seniorlifestyle.com">lposato@seniorlifestyle.com</a> Facility Cell Phone: 585-409-0421 Satellite Phone: HAM Radio Information: Licensed Bed Count: 88	Castle Point at Baywinde 200 Kidd Castle Way Webster, NY 14580 585-670-7300	8	B1 (2)				1	12	2
Seabury Woods 110 Dalaker Drive Rochester, NY 14624 Phone: 585-426-4950 Fax: 585-426-4625 Linda Hirt, Administrator Bernadine Culhane, Resident Care Director Facility email: <a href="mailto:lhirt@episcopalseniorlife.org">lhirt@episcopalseniorlife.org</a> <a href="mailto:bculhane@episcopalseniorlife.org">bculhane@episcopalseniorlife.org</a> Facility Cell Phone: 716-560-9606 Satellite Phone: HAM Radio Information: Licensed Bed Count: 85	Church of Epiphany 3285 Buffalo Rd Rochester, NY 14624 585-247-4190	8	N/A	(car)	4		1	8	

#### 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Seneca Lake Terrace 3670 Pre-Emption Road Geneva, NY 14456 Phone: 315-789-4162 Fax: 315-781-1494 Michael Dunn, Administrator Mary deCoca, Non-Emergency Contact Facility email: <a href="mailto:mdunn@senecalaketerrace.com">mdunn@senecalaketerrace.com</a> <a href="mailto:mdecoca@senecalaketerrace.com">mdecoca@senecalaketerrace.com</a> Facility Cell Phone: 585-474-1142 Satellite Phone: HAM Radio Information: Licensed Bed Count: 66	White Springs Fire Department Fire House Preemption Rd Geneva, NY 14456 315-787-2289	6	N/A	1	10				
Shire Senior Living, LLC 2515 Culver Road Rochester, NY 14609 Phone: 585-467-4544 Fax: 585-697-1848 Aimee Sgarzi, Administrator Carmin Travis, Non-Emergency Contact Facility email: <a href="mailto:asgarzi@shireseniorliving.com">asgarzi@shireseniorliving.com</a> <a href="mailto:ctravis@shireseniorliving.com">ctravis@shireseniorliving.com</a> Facility Cell Phone: 585-356-1644 Satellite Phone: HAM Radio Information: Licensed Bed Count: 200	South Village Community Room 585-317-7587  St. Cecelia's Church  DePaul Community Services	20	N/A	1	24	0	1	15	0

**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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Terrace at Newark, The 208 Route 88 S Newark, NY 14513 Phone: 315-331-5282 Fax: 315-331-5285 Terri Silvestri, Administrator Kristina Rogers Facility email: <a href="mailto:newarkterrace@rochester.rr.com">newarkterrace@rochester.rr.com</a> <a href="mailto:rogerskd.newarkterrace@gmail.com">rogerskd.newarkterrace@gmail.com</a> Facility Cell Phone: 315-264-6008 Satellite Phone: HAM Radio Information: Licensed Bed Count: 71	Seneca Lake Terrace 3670 Pre-Emption Road Geneva, NY 14456 Phone: 315-789-4162 Fax: 315-781-1494	7	N/A						
Valley Manor Assisted Living 1530 East Avenue Rochester, NY 14610 Phone: 585-442-6450 Fax: 585-442-6177 Michelle Scipioni, Administrator Vicki Morrow-Jewett, Manager Facility email: <a href="mailto:mscipioni@seniorsfirst.com">mscipioni@seniorsfirst.com</a> <a href="mailto:vjewett@seniorsfirst.com">vjewett@seniorsfirst.com</a> Facility Cell Phone: 585-469-7557 Satellite Phone: HAM Radio Information: Licensed Bed Count:	Valley Manor Independent Apartments	1	B1	1	14	2			

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Villages at Mill Landing, The 45 Mill Road Rochester, NY 14626 Phone: 585-720-3033 Fax: 585-720-3031 Christine Hill, Administrator Heather Weber, Operations Manager Facility email: <a href="mailto:Christine.hill@rochesterregional.org">Christine.hill@rochesterregional.org</a> <a href="mailto:Heather.weber@rochesterregional.org">Heather.weber@rochesterregional.org</a> Facility Cell Phone: 585-739-3386, 585-530-7404 Satellite Phone: HAM Radio Information: Licensed Bed Count: 150	The Village Square 1471 Long Pond Road Rochester, NY 14626 Phone: 585-465-3575  Or  Hope Church 1301 Vintage Lane Rochester, NY 14626 Bev Janosky 500-8636 Dave Hurlbutt 506-8519 Kellie Hudson 329-8303 Al Szklany 613-1876	10 AL 5 MC	B1						
Westwood Commons 50 Union Square Blvd N. Chili, NY 14514 Phone: 585-293-2060 Fax: 585-293-2183 Stacie Major, Administrator Robin George, Non-Emergency Contact Facility email: <a href="mailto:smajor@depaul.org">smajor@depaul.org</a> <a href="mailto:rgeorge@depaul.org">rgeorge@depaul.org</a> Facility Cell Phone: 585-301-7872 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	DePaul Administration 1931 Buffalo Road Rochester, NY 14624 585-426-8000	8	N/A						

#### Respiratory Care

A1 = Ventilator Care  
A2 = Tracheostomy Care  
A3 = Passy 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

F = CPR Certified Staff 24/7

ADULT & ASSISTED LIVING FACILITY	STOP-OVER POINT, PHONE & ADDRESS	# OF RESIDENTS ACCEPTED	SPECIAL CARE CATEGORIES	TRANSPORTATION AVAILABLE					
				Bus	seats	w/c	Van	seats	w/c
Wolk Manor 4000 Summit Circle Drive Rochester, NY 14618 Phone: 585-442-1950 Fax: 585-341-2390 Tiffany Taylor, Administrator Chris Alberti, Facilities Director Facility email: <a href="mailto:ttaylor@jewishseniorlife.org">ttaylor@jewishseniorlife.org</a> <a href="mailto:c.alberti@jewishseniorlife.org">c.alberti@jewishseniorlife.org</a> Facility Cell Phone: 585-494-2696 Satellite Phone: HAM Radio Information: Licensed Bed Count: 64	Jewish Home of Rochester 2021 Winton Road South Rochester, NY 14618 585-427-7760	6	B1 (2)	1	12	2	1	1	3
Woodcrest Commons 4455 W. Henrietta Road Henrietta, NY 14467 Phone: 585-334-1800 Fax: 585-321-9395 Melissa Brien, Administrator Mark Thomas, Non-Emergency Contact Facility email: <a href="mailto:mbrien@depaul.org">mbrien@depaul.org</a> <a href="mailto:mthomas@depaul.org">mthomas@depaul.org</a> Facility Cell Phone: 585-705-0316 Satellite Phone: HAM Radio Information: Licensed Bed Count: 120	DePaul Administration 1931 Buffalo Road Rochester, NY 14624 585-426-8000	12	N/A	1	12	0			

#### 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

F = CPR Certified Staff 24/7

## APPENDICES I - II - III

### RESIDENT TRACKING FORMS

Appendices I, II, and III are the written forms used by the GRMAP to track residents during facility evacuations. ***These forms are used in addition to NYSDOH eFINDS.***

Appendix I, the Resident Emergency Evacuation Tag, is used to track ***individual residents***. Your facility should have a box of these NCR-type forms for emergency use. **One of these forms should be completed by the Disaster Struck Facility and sent with each evacuating resident.**

Appendix II, the Patient / Medical Record & Equipment Tracking Sheet, is used to track ***groups of residents*** and the documents and equipment that are travelling with them. **One of these forms should be completed by the Disaster Struck Facility for every group of residents being transported to a single Resident Accepting Facility in a single vehicle.**

Appendix III, the Influx of Patients Log, is used by each Resident Accepting Facility to document groups of arriving evacuees. One form should be completed by the Resident Accepting Facility for each arriving vehicle transporting evacuating residents. On the day of the disaster, you will be directed to fax or email completed forms to the Disaster Struck Facility, and/or to the Long Term Care Regional Coordinating Center.



## APPENDIX I

## RESIDENT EMERGENCY EVACUATION TAG

FACILITY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

**LANGUAGE(s) SPOKEN \_\_\_\_\_ ABLE TO COMMUNICATE Y / N**

**FAMILY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**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 2Mechanical ☐ Total ☐

## MOBILITY

Independent ☐ Supervision ☐ Partial Assist ☐ of 1 2 Total ☐EQUIPMENT: None ☐ Cane ☐ Walker ☐ Wheelchair ☐

### SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT

IV ☐ Access Type \_\_\_\_\_ Infectious Disease ☐ Type \_\_\_\_\_ C-Dif ☐

**Ventilator** ☐    **Trach** ☐    **Speaking Valve**☐    **Dialysis** ☐

**Suction** ☐ **How Often** \_\_\_\_\_ **Seizure Precautions** ☐

O<sub>2</sub> Rate \_\_\_\_\_ Mask \_\_\_\_\_ Cannula \_\_\_\_\_ Continuous \_\_\_\_\_ PRN \_\_\_\_\_

Restraint: Type \_\_\_\_\_ When Last Released \_\_\_\_\_

OTHER: \_\_\_\_\_

RESIDENT ACCEPTING FACILITY: \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT \_\_\_\_\_

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

## APPENDIX II: 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		PCP Notified Name, Phone Number, Date & Time		Time Arrived Stop-over / Time Left	Time/ Date Arrived at Patient Accepting Facility
									Y	N	Y	N		
													A	
													L	
													A	
													L	
													A	
													L	
													A	
													L	
													A	
													L	
													A	
													L	
													A	
													L	

Disaster Struck Facility: Keep One Copy / ☐ FAX 1 copy to RCC / ☐ FAX 1 copy to Receiving Facility / ☐ 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: \_\_\_\_\_

## APPENDIX III: INFLUX OF PATIENTS LOG

(Accounting for Incoming Patients and Equipment)

Make additional copies prior to use

1. FACILITY NAME				2. DATE/TIME PREPARED				3. INCIDENT DESCRIPTION							
4. TRIAGE AREA (for entry into the facility)															
Arrival Time	Facility Received From	MRN# / Triage #	Pt Name (Last, First)	Sex	DOB/ Age	Original Chart Received w/ Resident (Y) (N)	Meds & MAR Received w/ Resident (Y) (N)	Equipment Received	Family Notified: Name, Date, Time, Phone Number w/ Area Code			PCP Notified: Name, Date, Time, Phone Number w/ Area Code			Time Left Triage/ Destination
									<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>		
5. SUBMITTED BY				6. PHONE NUMBER				7. DATE/TIME SUBMITTED							

## **APPENDIX IV: GRMAP 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*

Clinical Area Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_

Time and Date Completed: \_\_\_\_\_ Total Beds: \_\_\_\_\_

<b>1. TOTAL PATIENTS:</b>			(Should match <b>TOTAL</b> box below)		
NOTE: Normal form of transportation is for Limited Assist Transfer patients.					
Using the data collected from clinical areas, provide the total number of patients requiring each level of transportation for evacuation:					
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL</b>

### SUPPLEMENTAL INFORMATION

<b># Requiring Continuous O<sub>2</sub></b>	<b># on Ventilators</b>	<b># with special medical equip. (can't be discontinued)</b>

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

<b>2. BARIATRIC PATIENTS</b>					
Please provide additional information for each area below for the specific transportation needs of Bariatric Patients:					
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).					
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus,etc.)</b>	<b>TOTAL BARIATRIC</b>

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

4. *Is there any other patient information or special notes you would like to include about your unit?*

---



---



---



---



---



---



---

## Clinical Transportation Categories for Evacuation:

### GRMAP Facility Aggregate Numbers

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

Facility Name and City: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Individual Completing Form/Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Time and Date Completed: \_\_\_\_\_ Total Beds: \_\_\_\_\_

<b>1. TOTAL PATIENTS:</b>			(Should match <b>TOTAL</b> box below)		
NOTE: Normal form of transportation is for Limited Assist Transfer patients.					
Using the data collected from clinical areas, provide the total number of patients requiring each level of transportation for evacuation:					
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL</b>

#### SUPPLEMENTAL INFORMATION

<b># Requiring Continuous O<sub>2</sub></b>	<b># on Ventilators</b>	<b># with special medical equip. (can't be discontinued)</b>

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

<b>2. BARIATRIC PATIENTS</b>					
Please provide additional information for each area below for the specific transportation needs of Bariatric Patients:					
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).					
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus,etc.)</b>	<b>TOTAL BARIATRIC</b>

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

4. ASSISTED LIVING			
Total additional residents on-site for Assisted Living:			
	Wheelchair Accessible Bus	Normal (bus,etc.)	TOTAL ASSISTED LIVING

5. SENIOR INDEPENDENT LIVING			
Total additional residents on-site for Senior Independent Living:			
	Wheelchair Accessible Bus	Normal (bus,etc.)	TOTAL SENIOR INDEPENDENT LIVING

6. ADULT DAY HEALTHCARE			
Total additional residents on-site for Adult Day Health Care:			
	Wheelchair Accessible Bus	Normal (bus,etc.)	TOTAL ADULT DAY HEALTH CARE

7. Please provide us with the breakdown of nursing home patients, assisted living residents, residential care/adult home residents and senior independent living residents to clarify the primary box in #1 above (if multiple levels of care were entered in that box):

---



---



---



---

8. Is there any other patient information or special notes you would like to include about your facility?

---



---



**Appendix V:**

**Memorandum of Understanding**

**between**

**The Greater Rochester M.A.P.**

**and**

**The Monroe County (NY) Amateur Radio  
Emergency Service (ARES)**

\* These items would be applicable as necessary, to operators working in disasters that may occur in Ontario, Wayne, or Livingston Counties.

## **I. Purpose**

The purpose of this Memorandum of Understanding (MOU) is to affirm and restate the terms of an ongoing working relationship between the Greater Rochester Regional Mutual Aid Plan (MAP) and the Monroe County (New York) Amateur Radio Emergency Service (hereinafter known as Monroe County ARES), a program of the American Radio Relay League, Inc. (hereinafter referred to as ARRL) in preparing for and responding to disaster relief situations within the jurisdiction of the Greater Rochester MAP. This agreement provides the broad framework for cooperation between the two organizations in rendering assistance and service to the healthcare facilities that have lost normal communications during a disaster.

## **II. Concept of Operations**

Each party to this MOU is a separate and independent organization. As such, each organization retains its own identity in providing service and for establishing its own policies and financing its own activities.

## **III. Definition of Disaster**

A disaster is an occurrence such as a tornado, storm, flood, earthquake, blizzard, fire, explosion, building collapse, commercial transportation incident, or other situation that causes loss of normal communication for a member health care facility.

## **IV. Objective & Scope**

The objective and scope of the Greater Rochester MAP is to provide help to a healthcare facility that needs to place and transport residents that have been evacuated in a disaster. It is also within the plan objectives for healthcare facilities to help each other with supplies if the “disaster struck” facility can not get supplies from local vendors caught in the same disaster. **Communications are necessary to achieve these objectives.**

## **V. Greater Rochester MAP membership**

The Greater Rochester MAP is made up of Long Term Care facilities in Monroe, Ontario, Wayne, and Livingston counties. The Greater Rochester MAP is also a member of The Joint Region Mutual Aid Plan, comprised of facilities in Central NY, Western NY (Buffalo), and the Southern Tier.

## **VI. Organization of the ARRL – American radio Relay League, Inc.**

The ARRL is organized in relevant part, for the promotion of interest in Amateur Radio communication and experimentation; the establishment of Amateur Radio networks to provide electronic communications in the event of disasters or other emergencies; the furtherance of the public welfare; the advancement of the radio art; the fostering and promotion of noncommercial intercommunication by electronic means throughout the world; and for related purposes. It is governed by a Board of Directors composed of 15 persons who are elected on a regional basis by the membership. Its headquarters is located in Newington, Connecticut. Since 1914, the ARRL has been the standard-bearer in amateur radio affairs throughout the United States.

In addition, the ARRL oversees the National Traffic System (NTS). Organized under the Section Manager and directed by a Section Traffic Manager, NTS nets cover widespread as well as local areas. These nets function daily in the handling of formal message traffic. Working and training together, the ARES and NTS volunteers provide emergency communications and message handling that is designed to meet the needs of any emergency situation.

## **VII. Organization of Monroe County ARES**

Monroe County ARES is a part of the ARRL Field Organization, which covers the United States and U.S. territories. The field organization is administered by elected Section Managers in the 71 ARRL Sections (a section is an ARRL-created political boundary roughly equivalent to states or portions thereof). Emergency communications are provided by the ARRL-sponsored Amateur Radio Emergency Service (ARES). Organized under the Section Manager and directed by a Section Emergency Coordinator, the ARES field organization includes District Emergency Coordinators and local Emergency Coordinators.

Monroe County ARES is overseen by an Emergency Coordinator, a District Emergency Coordinator and a Section Emergency Coordinator. Monroe County ARES members are licensed amateur radio operators who have voluntarily registered their qualifications and equipment for communications duty in the public service when disaster strikes.

Monroe County ARES works closely with the Monroe County Radio Amateur Civil and Emergency Service (RACES), a program of the Monroe County Office of Emergency Preparedness (OEP). Most of the individual members of Monroe County ARES are also members of Monroe County RACES. If an emergency is declared by the OEP, whereby RACES is activated and the Incident Command System is used to govern disaster response activities, members of Monroe County ARES may be reassigned to perform communication tasks at the discretion of the Incident Commander or his/her designee.

## **VIII. Methods of Cooperation**

Monroe County ARES recognizes the Greater Rochester MAP as having primary responsibility for responding to Long Term Care healthcare facility disasters in Monroe County. Therefore, Monroe County ARES desires to maintain a harmonious and cooperative relationship with the Greater Rochester MAP in providing emergency communication services to healthcare facility members of the Greater Rochester MAP affected by a disaster. In order that the resources of the Greater Rochester MAP and Monroe County ARES may be coordinated and used to the fullest advantage in rendering disaster relief, both agencies agree to collaborate in disaster preparedness and relief activities in the Greater Rochester area (This could include facilities in Ontario, Wayne, and Livingston counties, as well as Monroe County)\*. Some of the ways the two organizations may cooperate are:

1. Close liaison and communication will be maintained between the Greater Rochester MAP and Monroe County ARES. Both organizations will exchange current data regarding disasters, disaster declarations, and changes in legislation, technology and regulations related to communications.\*
2. Whenever there is a disaster requiring the use of amateur radio communications facilities, Monroe County ARES may provide volunteers to assist the Greater Rochester MAP with

\* These items would be applicable as necessary, to operators working in disasters that may occur in Ontario, Wayne, or Livingston Counties.

communications in support of disaster relief roles as may be mutually agreed upon. Such support could be provided at the Long Term Care facility, an alternate care site, or the EOC for the duration of the emergency period or until normal communications channels are substantially restored. Except as set forth below, all such personnel shall be at all times considered Monroe County ARES volunteers.\*

**3.** Both Monroe County ARES volunteers and Greater Rochester MAP workers will work cooperatively at the scene of a disaster and in the disaster recovery, within the scope of their respective roles and duties.\*

**4.** During times of cooperation Monroe County ARES members serving in the capacity of an ARES member shall be covered by Monroe County ARES liability insurance.\*

**5.** The Greater Rochester MAP and Monroe County ARES personnel may serve on each other's local disaster committees and/or boards as mutually agreed upon in individual cases.\*

**6.** The Greater Rochester MAP will endeavor to place Monroe County ARES on alert, should a situation be developing that may require mobilization.

**7.** Recognizing the need for advising the public of the work of both organizations, The Greater Rochester MAP and Monroe County ARES will make every effort, through their public information offices during the time of disaster, to keep the public informed of their cooperative efforts.

**8.** The Greater Rochester MAP will assist Monroe County ARES in obtaining proper recognition for its role in disaster operations.

**9.** The two organizations agree to support the policies of each other, and will work out differences between them in a manner that promotes and maintains each agency's longstanding, positive public image. Protection of patient privacy will be mandatory as far as possible in a disaster.

**10.** The two organizations agree that any mutual expenses incurred as a result of cooperation or collaboration under the terms of this Memorandum of Understanding will be apportioned as agreed to in writing by both parties prior to incurring such expenses.

**11.** Whenever feasible and practical, The Greater Rochester MAP will include Monroe County ARES as a partner in emergency preparedness exercises and drills.

**12.** During times of cooperation, Monroe County ARES and the Greater Rochester MAP shall each be responsible for their own respective volunteer background check policies.

**13.** It is understood and agreed that radio amateurs, being licensed and regulated by the Federal Communications Commission, shall at all times exercise sole and exclusive control over the operation of their radio stations. Such control cannot be surrendered or delegated, in accordance with Federal law.

\* These items would be applicable as necessary, to operators working in disasters that may occur in Ontario, Wayne, or Livingston Counties.

14. The two organizations will communicate and collaborate in the area of disaster planning, contributing to the development of each other's disaster plans (as appropriate) and distributing copies of each respective plan.

15. If outside amateur radio resources are brought in by Greater Rochester MAP during a disaster, their use should be coordinated with the Monroe County ARES Emergency Coordinator, Western New York DEC, Western New York SEC, or other coordinating ARRL Field Organization leader prior to deployment. In the event of a national disaster operation, ARRL local emergency communication volunteers will act as a local liaison to the Greater Rochester MAP.

16. The Greater Rochester MAP and Monroe County ARES will actively seek to determine other areas or services within their respective organizations where cooperation and support will be mutually beneficial and to amend this Memorandum of Understanding accordingly to include those additional areas or services.

17. Greater Rochester MAP and Monroe County ARES will inform their members, other units or departments, and administrative offices of this agreement and will urge full cooperation with each other.

18. This Memorandum of Understanding does not create a partnership or a joint venture, and neither party has the authority to bind the other.

#### **IX. Periodic Review**

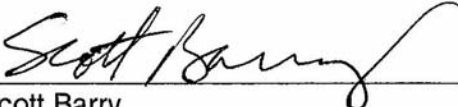
Representatives of the Greater Rochester MAP and Monroe County ARES will, on an annual basis, on or around the anniversary date of this agreement, jointly evaluate progress in the implementation of the Memorandum of Understanding and revise and develop new plans or goals as appropriate.

#### **X. Term of MOU**

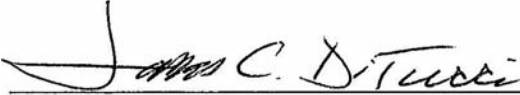
This Memorandum of Understanding is in force as of the date indicated below and shall remain in effect for five years or until terminated by written notification from either party to the other.

February, 2014

Signatures:

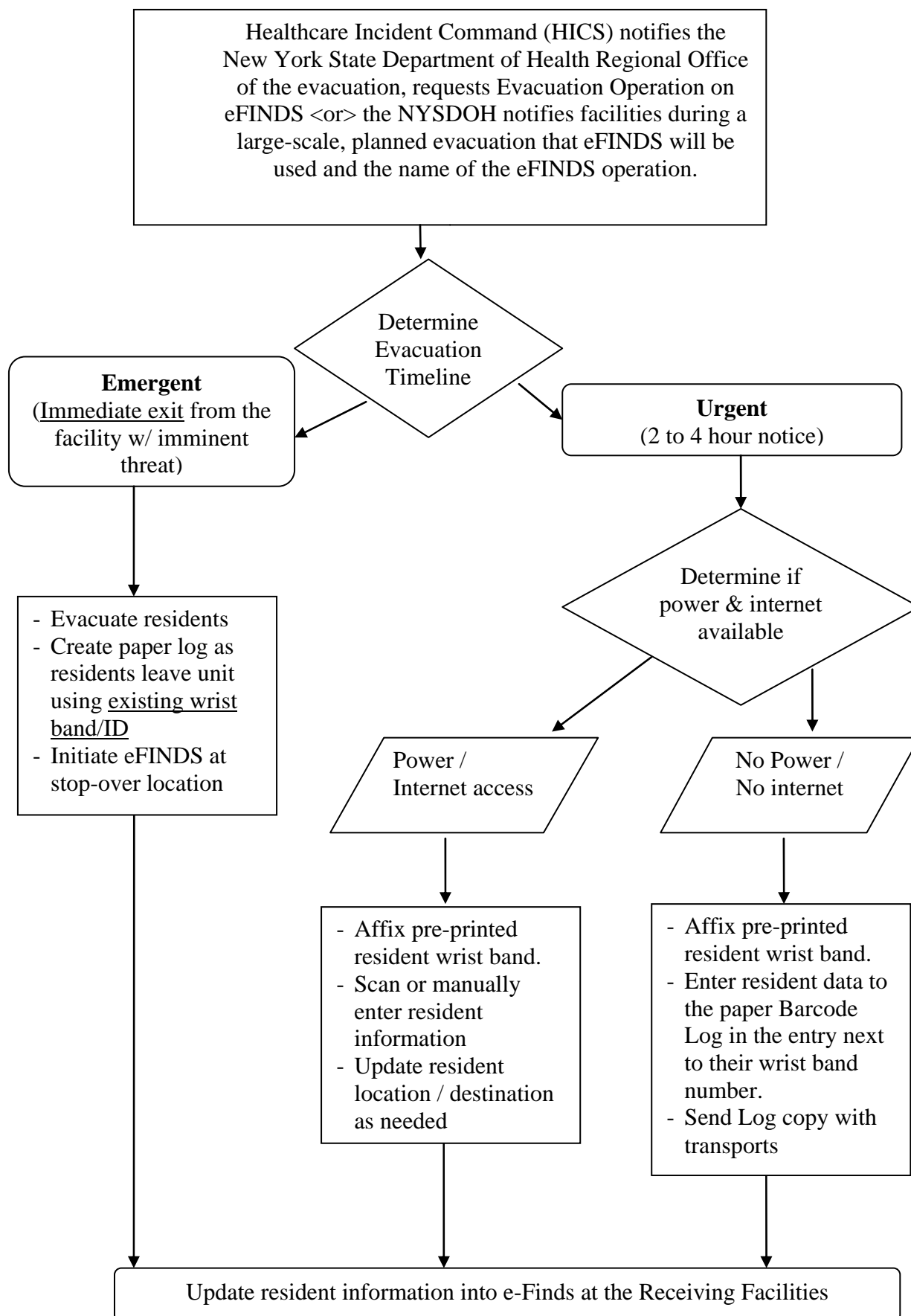
  
\_\_\_\_\_  
Scott Barry

2/27/2014  
Date

  
\_\_\_\_\_  
James C DiTucci

FEBRUARY 20, 2014  
Date

## APPENDIX VI: eFINDS



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](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 certified number of licensed beds 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 assign other staff to the eFINDS roles 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. **Emergent evacuation procedure** (immediate exit 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.
  2. 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. Single resident entry without scanner: 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. Multiple barcodes and residents' demographic data 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 eFINDS. 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: \_\_\_\_\_ Initial: \_\_\_\_\_  
**Position Reports to: Resident Tracking Unit Leader (RTUL)**  
 Signature: \_\_\_\_\_  
 Facility's Command Center (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Task	Time	Initial
Coordinate activities with Healthcare Incident Command System (HCS) and the RTUL.		
If <b>EVACUATING</b> implement the steps below for eFINDS as directed.		
<b>Retrieve the eFINDS supplies and equipment located:</b> <i>[add location]</i> <b>Deliver</b> to the designated area(s): <ul style="list-style-type: none"> <li>- Pre-printed eFinds barcoded wrist bands; pre-printed Bar Code Log</li> <li>- Equipment: Hand-held scanners, computers with internet access</li> <li>- eFINDS "Go-Bags" (if used)</li> </ul>		
<b>Assure a wristband or barcode has been affixed to all residents</b> , including those who will evacuate, shelter-in-place, or return home.		
<b>Paper Process (NO power, NO internet, NO Time):</b> manually enter resident data including <b>first and last name, birth date, and gender</b> onto the eFINDS <u>paper Bar Codes Log</u> in the fields next to their assigned bar code.		
<b>eFINDS online Health Commerce System (HCS):</b> 1. Refer to the <i>eFINDS Quick Reference Card</i> for step-by-step procedures. 2. Turn on computer, attach scanner, access the internet via your Browser. 3. Log onto the HCS at <a href="https://commerce.health.state.ny.us">https://commerce.health.state.ny.us</a> . – For a log on issue / forgotten password, call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890. 4. Click <b>eFINDS</b> in the <b>My Applications</b> panel (left side of Homepage), or click on the <b>Applications</b> bar at the top, click on "e", and scroll down to eFINDS. 5. Select <i>Your Facility's Name</i> from the dropdown list and click <b>Submit</b> . – <b>Reminder:</b> <u>VERIFY your location, if you are affiliated with more than one location!</u> 6. Pull up the facility's <b>Evacuation Operation*</b> on the HCS 7. Proceed to the choice for resident data entry as <b>determined by the HICS</b> . – <u>See steps A, B, C for choices:</u> enter resident one-at-a-time with or without scanner; or in multiple batches. * The Evacuation Operation is required. The facility can create its own, or NYSDOH can create upon request by the facility, or during a large-scale event.		
<b>Register resident/supervise registration <u>with a scanner, one resident at a time.</u></b> Refer to <i>eFINDS Quick Reference</i> . – Scan the resident's wrist band or affixed barcode one resident at a time, and enter		

Task	Time	Initial
<p>their personal data in the eFINDS screen fields as time allows.  <i>The resident's destination can be updated as needed when determined.</i></p>		
<p><b>Register Resident or supervise registration <u>without a scanner, one resident/ resident at a time.</u></b></p> <ol style="list-style-type: none"> <li>1. Select "Register Patient / Resident without Scanner". A list of barcodes available to the facility will appear.</li> <li>2. Click on the bar code assigned to the resident. A screen will appear.</li> <li>3. Then follow steps 3-10 <i>eFINDS Quick Reference</i> for "Registering the Resident with Scanner".</li> </ol>		
<p><b>Register multiple residents <u>without a scanner, in multiple batches.</u></b> <i>Refer to eFINDS Quick Reference.</i></p> <ol style="list-style-type: none"> <li>a. <b>Generate Barcoded PDF Log.</b> A <b>Fillable Spreadsheet</b> of barcodes <u>for printing</u> 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 <i>barcodes</i> 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.</li> <li>b. <b>Generate Uploadable Barcode Excel Spreadsheet.</b> <i>Refer to eFINDS Quick Reference.</i> 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. <u>Do not change the name of the excel file when saving.</u> Follow <b>File upload instructions under "c"</b>.</li> <li>c. <b>Uploading Multi Patient/Resident Excel File.</b> <i>Refer to eFINDS Quick Reference.</i> If the Excel file has no resident or resident information, the file cannot be uploaded.</li> </ol>		
<p><b>Update Resident - Releasing Resident from this location.</b> <i>Refer to eFINDS Quick Reference.</i> Use this procedure to update the resident's destination location in eFINDS one-at-a-time or in multiples.</p>		
<p><b>In the event of a second evacuation and/or additional barcodes are needed, generate a PDF or Excel spreadsheet of used and unused barcodes,</b> and a spreadsheet that can be populated with resident information and uploaded to eFINDS. (The Administrator role <u>only</u> can do this).</p>		
<p><b><u>e-FINDS procedures for RECEIVING evacuated residents:</u></b></p>		
<p><b>Quick Search:</b> <i>Refer to eFINDS Quick Reference.</i>  Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).</p>		

<b>Task</b>	<b>Time</b>	<b>Initial</b>
<p>If necessary click <b>Quick Search</b>.</p> <p>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.</p>		
<p><b>Receiving Facility: Updates Resident with Scanner</b>  <i>Refer to eFINDS Quick Reference</i></p>		
<p><b>Receiving Facility: Updates Resident without Scanner</b>  <i>Refer to eFINDS Quick Reference</i></p>		
<p><b>Provide status reports on resident census and tracking as requested by the Facility's Command Center.</b></p>		

# **eFINDS** *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

1. 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.
2. 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**.
7. 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**

1. Scan a barcode  
OR click **Register Patient/Resident > With Scanner**.
2. 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.
4. 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.
9. 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.
3. Enter Start and End barcode numbers, e.g., 4–13 for ten patient/residents to be relocated.
4. 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**.
4. Locate the Excel file with **saved** patient/resident information.  
Hint: search for nys\_eFINDS file name with facility id, date and time.
5. 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**

1. Click **Home** on the eFINDS menu bar.
2. 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.
3. 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.
5. Click **Select All OR Update** for each patient or resident being received.
6. Click **Check in Selected Patient/Resident**.
7. Confirm Message: **Successfully updated {correct #} of Patient/Resident.**

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