

# RESTAURA HOSPITALITY

*A Phoenix3 Collective Brand*

---

# Emergency Preparedness Manual

Senior Living Dining Operations

*Natural Disasters • Utility Failures • Public Health Emergencies • Continuity*

**VERSION 2.0 | 2026**

*Annual Review: January | Confidential — Internal Use Only*

## Table of Contents

<b>Section 1</b>	Introduction, Purpose, and Regulatory Foundation
<b>Section 2</b>	Types of Emergencies and Hazard Vulnerability
<b>Section 3</b>	Roles and Responsibilities
<b>Section 4</b>	Pre-Emergency Preparedness Checklist
<b>Section 5</b>	Emergency Response Protocol
<b>Section 6</b>	Disaster Menu Protocols
<b>Section 7</b>	Emergency Supply Inventory Standards
<b>Section 8</b>	Post-Emergency Recovery Protocol
<b>Section 9</b>	Pandemic and Public Health Preparedness
<b>Section 10</b>	Cyber Emergency Preparedness
<b>Section 11</b>	Climate-Related Emergency Preparedness
<b>Section 12</b>	Training, Testing, and Regulatory Compliance
<b>Section 13</b>	Quick-Reference Emergency Action Cards
<b>Section 14</b>	Shelf Life and Storage Reference Guide
<b>Appendix A</b>	State Addenda — TX, MA, NH, OK, SC
<b>Appendix B</b>	Acknowledgment and Annual Review Record

# Section 1: Introduction, Purpose, and Regulatory Foundation

## 1.1 Restaura and Phoenix3 Collective

Restaura Hospitality is the senior living culinary brand of Phoenix3 Collective, providing scratch-made dining experiences across the senior living continuum. Phoenix3 Collective also operates other brands within our collective. This manual is specific to Restaura senior living operations, with cross-applicability to other Phoenix3 Collective brands operating in similar regulatory environments.

## 1.2 Purpose

This Emergency Preparedness Manual is the authoritative operational guide for all Restaura Hospitality dining services teams. It establishes the policies, procedures, checklists, menus, and decision frameworks required to ensure uninterrupted, safe, and dignified food service before, during, and after any emergency event: natural disaster, utility failure, public health crisis, supply chain disruption, cyber incident, or other disruption to normal operations.

## 1.3 Regulatory Foundation

This manual is designed to support compliance with the following federal and state regulatory frameworks:

- **CMS Emergency Preparedness Final Rule (42 CFR Parts 403, 416, 418, 441, et al.)** — originally published September 8, 2016, with revisions September 30, 2019. Establishes national emergency preparedness requirements for all Medicare and Medicaid certified providers and suppliers, including Long-Term Care facilities.
- **CMS Appendix Z — Emergency Preparedness Interpretive Guidelines** for all certified provider types, most recently revised by CMS to reflect post-COVID lessons learned and Emerging Infectious Diseases (EID) guidance.
- **CMS Appendix PP — Guidance to Surveyors for Long Term Care Facilities** (most recent update August 2024).
- **F-Tag F922** — Written procedures for water availability during emergencies.
- **State emergency preparedness regulations** for the states in which Restaura operates (see Appendix A).
- **LeadingAge, Argentum, AHCA/NCAL, ASPR TRACIE** — industry best practice frameworks for senior living emergency preparedness.

## 1.4 Four Core Elements of CMS EP Compliance

The CMS Emergency Preparedness Rule is built around four core elements applicable to all certified provider types, with variations for inpatient versus outpatient and long-term care versus non-long-term-care. Each Restaura community's plan addresses all four:

1. Risk Assessment and Emergency Planning — facility-based and community-based risk assessment (Hazard Vulnerability Analysis), informing the emergency plan
2. Policies and Procedures — including subsistence needs (food, water, medication), evacuation, sheltering in place, communication, and continuity of operations
3. Communication Plan — coordination with patients/residents, staff, families, vendors, regulators, and emergency management agencies
4. Training and Testing — initial and annual training; two exercises per year (one full-scale or functional, one tabletop)

**ANNUAL REVIEW REQUIRED** — CMS requires LTC facilities to review and update the Emergency Preparedness Plan at least annually. Restaura's standard review month is January. Document the review date and any updates; ensure all community-level plans remain current and site-specific.

## 1.5 Scope

This manual applies to all Restaura Hospitality Employee Owners operating in dining services roles across the senior living continuum. While regulatory obligations vary by setting (CMS-certified SNF vs. AL vs. IL), the principles of preparedness, resident-centered care, and operational continuity apply universally.

## 1.6 Core Commitments

Regardless of the emergency, Restaura Hospitality commits to:

- Ensuring continuous, safe, and nutritionally appropriate food and hydration for all residents, patients, and staff
- Honoring the dignity and individual dietary needs of every person we serve, including IDDSI texture-modified diets and therapeutic restrictions, throughout an emergency
- Maintaining clear, calm communication with community leadership, client partners, vendors, families, and emergency management agencies
- Empowering Employee Owners to make informed decisions confidently under pressure
- Documenting all emergency actions to support post-event review, regulatory compliance, and continuous improvement

**REMEMBER** — In an emergency, our residents and patients depend on you. They have learned to trust you — and you are there for them. Stay calm, follow the plan, and lead with care.

## Section 2: Types of Emergencies and Hazard Vulnerability

CMS requires all healthcare and long-term care facilities to conduct a Hazard Vulnerability Analysis (HVA) that considers geographic location, facility type, resident demographics, and historical incident data. The following categories represent the primary emergency types Restaura dining operations must be prepared to address.

### 2.1 Natural Disasters

- Hurricanes and tropical storms
- Tornadoes and severe wind events
- Winter storms, blizzards, and ice storms
- Flooding and flash floods
- Wildfires (relevant for western and southeastern communities)
- Extreme heat events (critical given the vulnerability of senior populations)
- Earthquakes

### 2.2 Utility and Infrastructure Failures

- Loss of electrical power
- Loss of natural gas supply
- Loss of potable water or contaminated water supply (Boil Water Advisory)
- Generator failure
- HVAC system failure
- Telecommunications or internet outage
- Cyberattack or system breach affecting critical platforms (see Section 10)

### 2.3 Supply Chain Disruptions

- Vendor delivery failure due to weather or road conditions
- Distributor emergency operations or warehouse closures
- Product recalls or food safety alerts (see Crisis Management Manual)
- Critical food or equipment shortages

## 2.4 Public Health Emergencies

- Pandemic or widespread infectious disease outbreak (see Section 9)
- Foodborne illness outbreak within the community (see Crisis Management Manual)
- Contamination of municipal water supply
- Emerging Infectious Diseases (EIDs) per CMS Appendix Z guidance

## 2.5 Human-Caused Events

- Acts of terrorism or active threat scenarios
- Hazardous material spills or chemical releases
- Major accidents affecting facility infrastructure or access roads
- Civil unrest restricting staff or delivery access

### SITE-SPECIFIC REQUIREMENT

Each community must complete a local Hazard Vulnerability Analysis (HVA) and attach it as an appendix to its community-specific emergency plan. The HVA must be updated annually and consider the facility's specific geographic location, climate, and history of emergency events. Contact Restaura Culinary Operations for the standard HVA template.

## 2.6 Evacuation vs. Shelter-in-Place Decision Framework

Dining Services planning must address both scenarios. The decision to evacuate or shelter-in-place rests with community Executive Leadership in coordination with the Emergency Operations Center; however, Dining Services must maintain readiness for either scenario at all times.

Shelter In Place	Evacuation
Maintain emergency food/water inventory on site	Prepare portable food kits and 72-hr grab-and-go supply
Activate disaster menu immediately	Coordinate with receiving facility on resident dietary needs
Restrict kitchen access to essential personnel only	Transport laminated vendor list and printed order guides
Implement disposable serviceware protocols	Maintain cold chain for refrigerated items during transport
Notify county EOC of shelter-in-place status	Notify vendors to suspend deliveries immediately

## Section 3: Roles and Responsibilities

Clarity of roles is essential in any emergency. The following structure defines responsibilities within the Restaura Dining Services chain of command during an emergency event.

### 3.1 Dining Services Director / Executive Chef

The DSD is the primary commander of all dining operations during an emergency. Responsibilities:

- Activating the Emergency Preparedness Plan and notifying Restaura Regional Director
- Conducting immediate inventory assessment (Step I of the Disaster Menu Protocol)
- Coordinating with community Executive Director and DON to align dining response with facility-wide emergency plan
- Contacting the county Emergency Operations Center upon declaration of a disaster
- Communicating with vendors regarding emergency order status and delivery suspension if needed
- Assigning staff roles and communicating task assignments clearly
- Maintaining an emergency event log documenting all actions, decisions, and communications
- Authorizing emergency vendor purchases when approved vendors cannot supply during an active disaster
- Maintaining current printed manual records: an updated printed resident roster and diet roster must be in the Director's or RD's hands 24–48 hours prior to any anticipated emergency (verified against the Pre-Emergency Preparedness Checklist in Section 4)
- Maintaining the Red Outlet Inventory and Team A / Team B staffing roster (Sections 3.6 and 4.6) and confirming both are current at each annual review

### 3.2 Sous Chef / Kitchen Supervisor

- Leads production execution of the disaster menu
- Manages kitchen safety — checks gas, electrical, and equipment status
- Conducts temperature monitoring of refrigeration and food items every 2–4 hours
- Ensures HACCP documentation continues (paper logs if digital systems are down)
- Manages disposable serveware inventory and distribution
- Supervises modified diet production and ensures thickener, puree, and tube-feeding supplies are accessible

### 3.3 Service Staff / Dining Attendants

- Assists with meal tray assembly and delivery

- Communicates resident dietary concerns or changes to kitchen leadership
- Maintains cleanliness and sanitation in service areas
- Reports for duty as scheduled — or per emergency call-in protocol — and notifies DSD immediately if unable to report

### 3.4 Restaura Regional Culinary Operations

- Available by phone or text 24/7 during declared emergencies
- Provides authorization for emergency vendor purchases and menu deviations
- Coordinates cross-community resource sharing if needed
- Ensures state and federal regulatory notifications are completed

#### STAFFING NOTE

Anticipate staff shortages during any major emergency. Some Employee Owners may be unable to safely travel to work. The DSD should maintain a call-in roster with at least two tiers of backup coverage for each critical kitchen role. Communities should also plan for family members of staff to shelter on-site if necessary, and prepare for slightly increased census accordingly.

### 3.5 Emergency Contact Directory

The following directory must be printed, laminated, and posted inside the kitchen emergency supply storage area AND in the Dining Services office. Update contact information upon any personnel change.

Role	Name	Phone / Method
Dining Services Director	_____	_____
Executive Director (Community)	_____	_____
Director of Nursing	_____	_____
Restaura Regional Director	_____	_____
Restaura Culinary Operations (HQ)	_____	_____
Phoenix3 Collective Communications	_____	_____
Phoenix3 Collective IT Security	_____	_____
Centricor Supply Chain	_____	_____
Primary Food Distributor	_____	_____
Secondary / Emergency Distributor	_____	_____
County Emergency Operations Center	_____	_____
Local American Red Cross	_____	_____
FEMA Regional Office	_____	_____
Local Fire / EMS	_____	_____
Utility Company (Electric)	_____	_____
Utility Company (Gas)	_____	_____
Water Authority	_____	_____
State Health Department	_____	_____

### 3.6 Team A / Team B Emergency Staffing Structure

To eliminate confusion about who is on call when a rotation is activated for emergency or overnight coverage, each community designates two standing emergency teams — Team A and Team B — with assigned owners listed by name. Teams alternate on-call responsibility for the duration of an activation. The roster below is completed at the community level, posted in the Dining Services office and kitchen emergency binder, and updated at least annually or upon any staffing change.

Team A	Team B
Team Lead: _____	Team Lead: _____
Cook / Production: _____	Cook / Production: _____
Service / Dining: _____	Service / Dining: _____
Backup / Floater: _____	Backup / Floater: _____

## Section 4: Pre-Emergency Preparedness Checklist

This checklist must be completed as part of Restaura's annual emergency preparedness review and re-assessed whenever a weather watch or other emergency warning is issued. Items should be verified at least quarterly as part of routine operations management.

### 4.1 Documentation and Communications

- Current employee contact roster (name, cell, home, backup) printed and in DSD possession
- Laminated emergency contact directory posted in kitchen and DSD office
- Printed/laminated copy of all approved vendor order guides with item codes
- Printed copy of this Emergency Preparedness Manual stored with emergency food supply
- Community's Disaster Menu printed, laminated, and posted in production kitchen
- County EOC contact name and phone number confirmed and current
- Community registered as potential FEMA/Red Cross relief site if applicable — coordinate with Executive Director

### 4.2 Equipment and Supplies

- Flashlights and battery-powered lanterns charged and tested — minimum 2 per kitchen
- Battery-operated AM/FM radio with fresh batteries
- Manual can opener (commercial grade) — minimum 2 on hand
- Outdoor grill with propane (verify BTU capacity for volume cooking)
- Extra propane tanks — minimum 2 full tanks
- Sterno / chafing fuel — minimum 3-day supply
- 3-day supply of disposable plates, bowls, cups, and cutlery stored separately from daily supply
- Waterproof permanent markers for labeling supplies and containers

### 4.3 Food Supply Verification

- Emergency food supply physically segregated from daily inventory — labeled "DESIGNATED EMERGENCY USE ONLY"
- Cases shrink-wrapped or sealed and labeled with expiration dates
- 7-day disaster menu supply verified against the Restaura Standard Emergency Supply List (Section 7)
- Dysphagia thickener stock verified — minimum 1 case on hand
- Canned pureed items for residents on mechanical soft and pureed diets confirmed in stock

- Shelf-stable nutritional supplements (e.g., Ensure, Boost equivalents) — minimum 3-day supply
- Tube feeding / enteral formula inventory confirmed with nursing
- Peanut butter, canned tuna, canned meats, and shelf-stable proteins confirmed

## 4.4 Water Supply Verification

CMS F-Tag F922 requires a documented written procedure for water availability during emergencies.

Restaura policy mandates 5 gallons of potable water per person per day for a minimum of 3 days.

**WATER CALCULATION FORMULA** — Number of individuals on-site × 5 gallons × number of days = total gallons required. Example: 200 residents + 30 staff = 230 people × 5 gal × 3 days = 3,450 gallons minimum.

- Current water storage volume calculated and documented for current census
- Portable water barrels, collapsible containers, and/or hand pumps on hand
- Emergency water and ice vendor contacts confirmed (list in emergency binder)
- Water containers labeled for potability and purpose
- Kitchen water supply valve and shut-off location known to DSD and Sous Chef

## 4.5 Beverage System Preparedness

- Syrup packages stored at elevated, safe, and dry location to minimize flood risk
- Bottle/can backup plan developed (recommend top 3 brands in 12 oz. cans)
- Quantity of cases calculated based on estimated duration of need
- Local beverage distributor contact confirmed for COD purchasing during outages

## 4.6 Generator and Power

- Confirm whether kitchen is on the community generator — and which equipment is powered
- Document the number and location of red (generator-backed) outlets in the main kitchen and in every healthcare satellite kitchen — coordinate with the client's maintenance team and record the count on the Red Outlet Inventory worksheet in the emergency binder
- Confirm at least one red outlet is reachable for blender/immersion-blender operation in each kitchen — generator-backed power for blending is essential for preparing puréed (IDDSI-modified) foods for residents who require that texture
- List of gas-powered equipment available for cooking without electricity posted in kitchen
- Generator fuel level checked and supply confirmed with Facilities team

- Protocol for powering down carbonators, ice makers, and beverage equipment confirmed with staff

**BEFORE ANY STORM APPROACHING** — Vendor delivery trucks will not operate when sustained winds exceed 40 mph. All orders must be placed and received **BEFORE** wind speeds reach this threshold. Begin emergency supply procedures as soon as a weather watch is issued — do not wait for a warning.

## Section 5: Emergency Response Protocol

When an emergency occurs or is imminent, Dining Services leadership follows a structured response protocol. The sequence below moves from immediate notification through stabilized operations. Not every emergency requires every step — use professional judgment and always prioritize life safety.

### 5.1 Immediate Response (First 1–4 Hours)

1. Ensure personal and team safety first. Do NOT risk personal injury. Account for all dining staff
2. Notify the Dining Services Director and community Executive Director of the situation immediately
3. Assess kitchen and utility status: power, gas, water, and refrigeration function
4. Conduct a rapid inventory assessment of current food and water on hand
5. Determine whether shelter-in-place or evacuation protocols are being activated (decision rests with Executive Director / DON)
6. Activate the appropriate Disaster Menu tier (3-day or 7-day) based on assessed duration
7. Contact primary food distributor to assess delivery capability and place emergency orders if feasible
8. Notify county Emergency Operations Center of your status — shelter-in-place or evacuating

### 5.2 Ongoing Operations (First 24–96 Hours)

- Maintain temperature logs every 2–4 hours for all refrigeration — document and retain records
- Implement disposable serviceware — conserve water by eliminating warewashing
- Serve meals in a simplified, efficient format aligned to the active disaster menu
- Assign one staff member to monitor water supply and usage
- Communicate meal schedule changes and adjustments to nursing and care teams
- Continue logging all emergency decisions, actions, and contacts in the Event Log
- Continue modified diet production — never compromise therapeutic diet adherence
- If power is lost: use gas equipment and outdoor grill; deploy sterno for hot holding
- Use up cold-chain-vulnerable items (milk, eggs, fresh proteins) first while refrigeration is still holding 41°F or below — the 4-hour rule for TCS food above 41°F always controls. Any item that has been above 41°F for more than 4 hours cumulative must be discarded
- Canned juices may be substituted for fresh beverages immediately

### 5.3 Refrigeration and Food Safety During Power Outage

Food safety cannot be compromised during an emergency. Use the following guidelines:

Equipment	Safe Holding Time (Full)	Action Required
Refrigerator (full, closed)	4 hours	Do not open unless necessary
Refrigerator (half-full)	2–3 hours	Consolidate product; add ice
Freezer (full, closed)	48 hours	Do not open; monitor external temp
Freezer (half-full, closed)	24 hours	Add dry ice if available

**CRITICAL FOOD SAFETY RULE** — Any refrigerated food held above 41°F for more than 4 hours must be discarded. Any frozen food that has fully thawed and reached above 41°F must be discarded. **WHEN IN DOUBT, THROW IT OUT.** The cost of wasted food is never worth the risk of a foodborne illness outbreak in a vulnerable population.

### 5.4 Personal Safety Protocol in the Kitchen

- Use flashlights and battery-powered lanterns — never open flames for lighting
- Check for gas leaks before lighting any gas equipment after utility disruption
- Clear broken glass and secure slip hazards before returning to kitchen operations
- Do NOT enter walk-in coolers without ventilation confirmed and someone monitoring outside
- Wear non-slip footwear at all times during emergency operations
- If sheltering in place during a storm: stay away from windows; take refuge in interior rooms or walk-in cooler

### 5.5 Emergency Purchasing Authorization

If an approved Restaura vendor cannot supply food products due to an active disaster, the Dining Services Director is authorized to purchase from unapproved vendors to sustain operations:

- All emergency purchases must be documented with receipt, vendor name, and reason
- Purchases must prioritize shelf-stable, safe, and nutritionally appropriate items
- Authorization is limited to the duration of the declared disaster plus a 3-day recovery period
- Regional Director must be notified within 24 hours of any emergency vendor purchase
- Receipts must be submitted to the Restaura Regional Operations team within 7 days

## Section 6: Disaster Menu Protocols

Restaura Hospitality operates a tiered disaster menu protocol. Implementation begins with the menu tier most appropriate to the assessed severity and duration of the emergency. Disaster menus are non-selective by design — this streamlines production, reduces staffing demands, and ensures consistent execution. A small number of backup items must always be available to accommodate allergies and critical dietary restrictions.

Restaura's disaster menu structure is deliberately layered. The sequencing principle is perishables-first: when refrigeration is still holding, we use cold-chain-vulnerable product (proteins, dairy, fresh produce) before drawing down shelf-stable reserves. This is the fiscally and ethically responsible approach — for our company, our clients, and the residents we serve — because it minimizes avoidable food waste while preserving the shelf-stable reserve for the period when no other option remains. The fully shelf-stable 3-Day plan (Section 6.2) supplements this strategy; it does not replace it. The perishables-first cycle and the shelf-stable reserve work together, with the team pivoting from one to the next as conditions dictate.

Per CMS F-Tag F808, the 3-Day and 7-Day Disaster Menus below must be reviewed and approved by the Registered Dietitian (RD) before activation, and the approval reconfirmed at each annual review. The RD verifies that the menus, taken as a 7-day cycle, meet at least 75% of the Dietary Reference Intakes (DRIs) for protein, calories, and key micronutrients for the resident population — with particular attention to protein adequacy at 1.0–1.2 g/kg/day per the most recent Academy of Nutrition and Dietetics and A.S.P.E.N. consensus for older adults (higher for acutely ill or wound-healing residents). The RD also reviews the menus for sodium load (canned items can drive sodium well above 2,000–3,000 mg/day targets for cardiac and renal residents) and identifies the specific substitutions required for sodium-restricted, renal, diabetic, and vegetarian/vegan residents. The RD's signed approval is filed in the kitchen emergency binder with this manual.

### REMINDER

A disaster menu is exactly that — a disaster menu. In the early phases of an emergency, normal dining operations may continue. As supplies become constrained or census increases, pivot to the appropriate tier without delay.

### 6.1 Step 1 — Rapid Inventory Assessment (All Emergencies, First Hour)

Before implementing any disaster menu tier, the DSD or designee must complete an immediate inventory count of:

- All refrigerated proteins, dairy, and produce currently on hand

- All dry and canned goods, including emergency stock
- Water supply against current census formula
- Serviceware (disposable) stock

Based on this assessment, identify how many days of current stock exist and activate the appropriate tier:

Scenario	Menu Tier	Description
Vendor delivery expected within 24–48 hrs	Normal Operations	Continue regular menu; supplement with shelf-stable backup items
Short-term disruption (1–3 days)	3-Day Disaster Menu	Simplified non-select menu; refrigerated items used first
Extended disruption (4–7+ days)	7-Day Disaster Menu	No power or water required; fully shelf-stable protocol

## 6.2 The 3-Day Disaster Menu

Designed for short-term disruptions where some refrigeration, water, and basic cooking capacity remain available. Following the perishables-first principle, this menu draws on refrigerated and fresh product first while it remains within safe temperature. Where refrigeration has been lost entirely and no deliveries are expected, substitute the fully shelf-stable items shown in the Emergency Supply Inventory (Section 7) for the same meal slots, so that a complete 3-Day cycle can be served from shelf-stable stock alone. Amounts based on 200 residents plus 30 staff (230 persons). Scale proportionally.

### Day 1

- Breakfast: ½ c Juice or Fresh Fruit, ¾ c Cold Cereal, 2 Tbsp Peanut Butter + Bread, 8 oz Milk, 8 oz Beverage
- Lunch: Tuna Sandwich, ½ c Green Salad + Dressing, ½ c Three Bean Salad, ½ c Pears, 8 oz Milk
- Dinner: Cheese Sandwich, ½ c Three Bean Salad, ½ c Peaches, 2 Cookies, 8 oz Beverage
- Snack: 4 oz Punch or Juice, 1 pkg Graham Crackers or 2 Cookies

### Day 2

- Breakfast: ½ c Juice or Fresh Fruit, ¾ c Cold Cereal, 1 Cereal Bar, 8 oz Milk

- Lunch: 1 c Meat Ravioli, ½ c Green Beans, ½ c Applesauce or Fruit, ½ c Vanilla Pudding
- Dinner: Tuna Salad Sandwich, ½ c Pears, 2 Sugar Cookies, 8 oz Milk
- Snack: 4 oz Punch or Juice, 1 pkg Graham Crackers or 2 Cookies

### Day 3

- Breakfast: ½ c Juice, ¾ c Cold Cereal, 1 Cereal Bar, 8 oz Milk
- Lunch: PB&J Sandwich, ½ c Pea and Cheese Salad, ½ c Fruit Cocktail, 8 oz Beverage
- Dinner: 1 c Pork and Beans, ½ c Apricots, ½ c Vanilla Pudding, 1 slice Bread + Margarine, 8 oz Milk
- Snack: 4 oz Punch or Juice, 1 pkg Graham Crackers or 2 Cookies

## 6.3 The 7-Day Disaster Menu (No Power or Water Required)

Fully shelf-stable; no cooking power or running water required. Designed for use during extended emergencies where infrastructure has been compromised. One snack per day included — recommend 1 pkg peanut butter crackers + 4 oz tomato or V8 juice. A breakfast bar may be substituted for dry cereal at any breakfast.

Day	Breakfast	Lunch	Dinner
1	OJ ¾ c   Dry cereal ¾ c   Milk 1 c   Sugar 2 pks	Chicken or tuna salad + 2 slices bread   Pickled beet salad ½ c   Apricots ½ c   Cookies 2   Beverage 1 c	Beef stew ½ c + potatoes 1 c   Green peas ½ c   Applesauce ½ c   Bread or crackers   Milk 1 c

Day	Breakfast	Lunch	Dinner
2	Apple juice $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	Macaroni & cheese 1 c   4 Bean salad $\frac{1}{2}$ c   Crackers 2 pks   Peaches $\frac{1}{2}$ c   Beverage 1 c	Sloppy Joe $\frac{1}{2}$ c on bread or taco shells   Corn $\frac{1}{2}$ c   Tropical fruit $\frac{1}{2}$ c   Milk 1 c
3	OJ or blended juice $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	Bean or split pea soup 1 c   PB&J + bread or 6 graham crackers   Apple raisin salad $\frac{1}{2}$ c   Pudding $\frac{1}{2}$ c	Chicken & dumplings 1 c   Carrots $\frac{1}{2}$ c   Bread or crackers   Fruit cocktail $\frac{1}{2}$ c   Milk 1 c
4	Apple juice $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	Tuna salad $\frac{1}{2}$ c   Potato salad $\frac{1}{2}$ c   Bread or crackers   Pineapple $\frac{1}{2}$ c   Tomato juice $\frac{1}{2}$ c	Beef ravioli 1 c   Parmesan 2 T   Green beans $\frac{1}{2}$ c   Bread or crackers   Pears $\frac{1}{2}$ c   Milk 1 c
5	Pineapple juice $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	Beef cubes w/ BBQ $\frac{1}{2}$ c   Baked beans $\frac{1}{2}$ c   Bread 2 slices   Tropical fruit $\frac{1}{2}$ c   Beverage 1 c	Corned beef hash 1 c   Mixed vegetables $\frac{1}{2}$ c   Bread or crackers   Applesauce $\frac{1}{2}$ c   Milk 1 c
6	Cranberry juice $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	Chicken or tuna salad $\frac{1}{2}$ c   Crackers 4 pks   Mandarin oranges $\frac{1}{2}$ c   Tomato juice $\frac{1}{2}$ c   Cookies 2	Chili con carne 1 c   Peas & carrots $\frac{1}{2}$ c   Bread or crackers   Mixed fruit $\frac{1}{2}$ c   Milk 1 c
7	OJ $\frac{3}{4}$ c   Dry cereal $\frac{3}{4}$ c   Milk 1 c	PB&J   Graham crackers 6   Peaches $\frac{1}{2}$ c   Pudding $\frac{1}{2}$ c   Beverage 1 c	Cream chip beef $\frac{3}{4}$ c   Potatoes $\frac{1}{2}$ c   Bean salad $\frac{1}{2}$ c   Crackers 2 pks   Mixed fruit $\frac{1}{2}$ c

## 6.4 Modified Diet Protocols During Emergency

Resident dietary modifications do not pause during emergencies. The following must be maintained at all times:

Diet Type	Emergency Protocol
Pureed / Minced (IDDSI Levels 4, 5)	Maintain canned pureed meats, canned fruits and vegetables for blending; use immersion blender if power available; maintain shelf-stable pureed pouches in emergency stock

Diet Type	Emergency Protocol
Mechanical Soft / Soft & Bite-Sized (IDDSI Level 6)	Soften crackers in broth; use canned items in soft forms; tuna salad, peanut butter, pudding, and canned fruit are compliant
Thickened Liquids (IDDSI Levels 1–4)	Maintain minimum 1 case of powdered thickener; provide shelf-stable pre-thickened liquids; never skip thickening protocol — aspiration risk is life-threatening
Diabetic / Carb-Controlled	Reduce portion sizes of starches; prioritize proteins and non-starchy vegetables; avoid high-sugar canned fruits — substitute water-packed or diet varieties when possible
Food Allergies	Review all disaster menu items against resident Allergen Roster before service; maintain safe substitutes for the Big 9 allergens
Tube Feeding / Enteral	Coordinate with nursing for formula inventory; maintain 7-day enteral supply in emergency stock; document all formula usage and shortfalls

**NEVER COMPROMISE** — Thickened liquid protocols for residents with dysphagia are a life-safety requirement — not a preference. Aspiration pneumonia is a leading cause of emergency hospitalizations among seniors. This protocol is non-negotiable under any emergency conditions.

## Section 7: Emergency Supply Inventory Standards

The following represents the minimum required emergency food and supply inventory that each Restaura community must maintain, segregated from daily operational inventory, labeled "DESIGNATED EMERGENCY USE ONLY," and physically stored in a safe, elevated, accessible location.

All emergency supplies must be (1) labeled with expiration dates, (2) rotated through regular use to prevent waste, (3) replenished immediately upon use, and (4) accompanied by a printed copy of this manual and all disaster menu preparation recipes. Restaura policy is to shrink-wrap sealed cases of emergency product.

### 7.1 Staples — 7-Day Supply (Base: 200 residents + 30 staff)

Item	Pack Size	Qty Required
Powdered Milk	25 lb bag (makes 25 gal)	50 lbs (8 bags)
Instant Tea	12 × 6.75 oz / case	1 case
Instant Coffee	4 × 16 oz / case	1 case
Cold Cereal — Cornflakes	Bulk / case	1 case
Cold Cereal — Rice Krispies	Bulk / case	1 case
Cereal / Breakfast Bars	3 × 16 / case	3 cases
Graham Crackers	200 × 2 pk / case	3 cases
Pudding (Vanilla)	Instant / #10 can	1 case
Pudding (Chocolate)	Instant / #10 can	1 case
Jelly / Jam (individual pkgs)	200 / case	2 cases
Mayonnaise	4 × 1 gal / case	1 case
Sugar Packets	2,000 / case	1 case
Sugar Substitute Packets	2,000 / case	As Needed
Non-Dairy Creamer Packets	1,000 / case	2 cases
Peanut Butter	6 × 5 lb / case	2 cases
Tuna (canned)	6 × 66 oz / case	1 case
Beef Ravioli (#10 can)	6 / case	2 cases

Item	Pack Size	Qty Required
Pork and Beans (#10 can)	6 / case	2 cases
Canned Peas (#10)	6 / case	2 cases
Green Beans (#10)	6 / case	2 cases
Three Bean Salad (#10)	6 / case	2 cases
Chili Con Carne (#10)	6 / case	2 cases
Beef Stew (#10)	6 / case	1 case
Corned Beef Hash (#10)	6 / case	1 case
Macaroni & Cheese (#10)	6 / case	1 case
Split Pea Soup (#10)	6 / case	1 case

## 7.2 Canned Fruits (Vitamin C Enriched)

Item	Pack Size	Qty Required
Applesauce (#10)	6 / case	3 cases
Pears (#10)	6 / case	3 cases
Fruit Cocktail (#10)	6 / case	3 cases
Peaches (#10)	6 / case	3 cases
Apricots (#10)	6 / case	2 cases
Pineapple Chunks (#10)	6 / case	2 cases
Mandarin Oranges (#10)	6 / case	1 case
Mixed Fruit (#10)	6 / case	2 cases
Tropical Fruit (#10)	6 / case	1 case

### 7.3 Modified Diet and Therapeutic Items

Item	Pack Size	Qty Required
Dysphagia Thickener (powder)	Per brand case	Minimum 1 case (as needed)
Shelf-Stable Thickened Liquids	Per brand case	1 case (as needed)
Canned Pureed Meats	Per brand case	As needed for census
Canned Pureed Fruit	Per brand case	As needed for census
Canned Pureed Vegetables	Per brand case	As needed for census
Cheese Sauce (for puree sandwich)	6 × #10 / case	As needed
High-Calorie / High-Protein Shakes	Per brand case	3-day supply minimum
Enteral / Tube Feeding Formula	Per brand case	7-day supply; coordinate with nursing
Energy Bars / Protein Bars	Per brand case	1 case

### 7.4 Water and Beverages

Item	Format	Qty Required
Bottled Water (potable)	Cases of 24 × 16.9 oz	Per formula: census × 5 gal × 3 days
Bulk Water Storage Barrels	55-gal food-grade	Per formula — coordinate with Facilities
Collapsible Water Containers	5–7 gal	Minimum 4 per kitchen
Shelf-Stable Milk (UHT)	Cases per census	3-day supply
100% Juice (V-8, tomato, OJ)	#10 cans or shelf-stable cartons	2 cases assorted
Canned Broths / Soups	#10 cans	2 cases assorted
Shelf-Stable Beverage Cans (12 oz)	Cases by brand	Per bottle/can plan

## 7.5 Serviceware and Disposables (3-Day Supply)

Item	Format	Qty Required
Disposable Plates (10 in.)	Per case	Min 3-day supply for census × 3 meals
Disposable Bowls (12–16 oz)	Per case	Minimum 3-day supply
Disposable Cups (8 oz hot)	Per case	Minimum 3-day supply
Disposable Cups (cold, 16 oz)	Per case	Minimum 3-day supply
Plastic Cutlery Sets	Per case	Minimum 3-day supply
Portion-Pack Condiments	Per box	2 boxes assorted
Individual Margarine Packets	Per box	1 box

## 7.6 Can Size Reference Guide

Can Size	Net Weight	4 oz (½ c)	6 oz (¾ c)	8 oz (1 c)
#10	104 oz	26 svgs	18 svgs	13 svgs
#5	46 oz	11–12 svgs	7–8 svgs	6 svgs
#303	16–17 oz	4 svgs	3 svgs	2 svgs
#300	14–16 oz	3–4 svgs	2–3 svgs	2 svgs

## Section 8: Post-Emergency Recovery Protocol

Recovery requires the same diligence as the emergency response itself. Do not rush back to normal operations. Follow all steps in sequence to ensure food safety, regulatory compliance, and equipment integrity before resuming full service.

### 8.1 Return-to-Operations Checklist

1. Contact Restaura Regional Director and community Executive Director to confirm all-clear status
2. Conduct a thorough inspection of the physical kitchen, equipment, and storage areas for damage
3. Verify that electrical and gas systems are functioning safely — check for gas leaks and re-light pilot lights
4. Confirm with local authorities whether a Boil Water Advisory (BWA) is in effect before using any tap water
5. Complete the Post-BWA equipment flushing and sanitizing protocol (Section 8.2) if applicable
6. Dispose of all food held out of safe temperature range (above 41°F for more than 4 hours for refrigerated; thawed and above 41°F for frozen)
7. Document all food that was discarded with quantities and estimated value for insurance/client reporting
8. Replenish emergency supply stock to minimum required levels within 14 days
9. Restock daily inventory through approved vendor orders
10. Complete the Post-Emergency Event Log and submit to Regional Director within 72 hours of incident resolution

### 8.2 Post Boil Water Advisory — Equipment Flushing and Sanitizing

Following any Boil Water Advisory or contaminated water supply event, the following equipment must be flushed and sanitized before resuming service. Complete in sequence:

#### Ice Makers

- Destroy all ice made prior to or during the BWA from ALL bins
- Obtain a safe, city-approved water source confirmation before proceeding
- Open cold-water side of a hand sink for minimum 30 minutes to flush incoming line
- Open all other cold-water faucets for minimum 5 minutes to flush building water lines
- Run two complete ice-making cycles and discard all ice produced
- Sanitize all ice maker bins per manufacturer guidelines before resuming ice production

## Fountain Dispensers and Beverage Equipment

- Sanitize ice bins (if present on the dispenser)
- Run each beverage valve on each dispenser for at least 2 minutes — repeat twice
- For Coca-Cola Freestyle: run both a carbonated and non-carbonated beverage for 2 minutes each
- Taste all drinks — if off-taste detected from any valve, flush for an additional 1 minute and re-taste; if taste remains unsatisfactory, place a service call before resuming use

## Frozen Beverage Dispensers

- Discard ALL product in all dispensers
- Place a service call before resuming operation

## Juice Machines

- Flush water through unit for minimum 5 minutes on first flavor
- Flush additional flavors for minimum 1 minute each

## Coffee Makers and Tea Brewers

- Brew minimum 4 pots of hot water per unit before resuming beverage service

## Reverse-Osmosis Systems

- Sanitize system per manufacturer instructions — include storage tanks
- Contact water treatment provider for professional sanitizing service before resuming use

**CRITICAL** — Water may appear to be running normally but still be unsafe to drink. Never assume that restored water pressure means the water is potable. Verify with local public health authorities that the BWA has been lifted before using tap water for any food or beverage production.

### 8.3 Post-Emergency Communication Requirements

- Notify all vendors to resume normal delivery schedules and provide updated census as needed
- Submit a written post-emergency report to Restaura Regional Director within 72 hours, including: dates and duration of the event; actions taken; food and supply losses; staff issues encountered; deviations from the emergency plan
- Conduct a debrief meeting with dining staff within 7 days of resolution — document findings and improvement recommendations
- Update this Emergency Preparedness Plan based on lessons learned — submit any revisions to Restaura Culinary Operations for inclusion in the next annual review
- Confirm that all regulatory notifications required by the community's Executive Director have been completed

## Section 9: Pandemic and Public Health Preparedness

### 9.1 Background

The COVID-19 pandemic exposed gaps in pandemic preparedness across the senior living industry and prompted updates to the CMS Emergency Preparedness rule. CMS Appendix Z now provides expanded guidance on Emerging Infectious Diseases (EIDs) — pandemic and other widespread infectious disease outbreaks — including planning for surge capacity, infection control, supply chain disruption, and staff shortages. Restaura's pandemic planning incorporates lessons from COVID-19 and aligns with current CMS, CDC, and ASPR TRACIE guidance.

### 9.2 Pandemic Triggers and Activation

Restaura activates pandemic dining protocols upon any of the following triggers:

- Declaration of a Public Health Emergency by HHS or a state public health authority
- Community-wide infection control measures were activated by the community's clinical leadership
- Confirmed cluster of communicable disease cases within the community
- CDC or state public health activity for a novel or re-emerging pathogen

### 9.3 Dining Adaptations During a Pandemic

- **Dining mode shift.** Communal dining is suspended or modified at the discretion of clinical leadership. Tray service to resident rooms or apartments may replace dining-room service. Cohort dining (small groups in dedicated rooms) may be implemented per the community Infection Preventionist's direction, with residents grouped by infection status (positive, exposed, or negative), consistent with current CDC and CMS guidance — not by vaccination status.
- **Service adaptations.** Buffet, family-style, and self-service are suspended. Plated service only. Disposable serviceware is used to reduce warewashing and the risk of transmission via shared dishes.
- **Staff PPE.** Per community Infection Preventionist guidance: masks, gloves, and additional PPE as indicated. Pre-shift screening intensified.
- **Visitor restrictions.** Personal food brought in by visitors may be restricted or subject to additional screening per community policy.
- **Therapeutic diet continuity.** Maintained without compromise. IDDSI verification at every plate continues.

## 9.4 Supply Chain Resilience

COVID-19 demonstrated the fragility of just-in-time food supply chains during prolonged emergencies. Restaura's pandemic planning includes:

- Extended emergency supply (14-day rather than 7-day) when pandemic activation is in effect
- Identified secondary distributors for backup sourcing
- Coordination with Centicor on national supply chain visibility
- Cross-community resource sharing within the Phoenix3 Collective network
- Direct producer relationships for critical categories (proteins, produce, dairy)

## 9.5 Staffing Considerations

Pandemic conditions can result in significant staff shortages from illness, family obligations, or fear-driven absenteeism. Mitigations:

- Cross-trained staff who can fill multiple kitchen roles
- Simplified cycle menus that reduce production complexity during pandemic activation
- Family member shelter-on-site provisions to allow staff to remain at work
- Coordination with sister communities for staff sharing
- Mental health support resources available through Phoenix3 Collective EAP

## 9.6 Communication During a Pandemic

Pandemic communications follow Crisis Management Manual Section 10 protocols, with additional emphasis on:

- Family communication frequency increased to weekly or more often during active pandemic
- Resident communication adapted for dining-mode changes (signage, daily handouts, room-tray cards)
- Staff communication daily during high-transmission periods
- Coordination with Phoenix3 Collective Communications on enterprise-level messaging

## Section 10: Cyber Emergency Preparedness

### 10.1 Background

CMS now expects all certified providers to address cybersecurity in their Emergency Preparedness Plan. Healthcare and senior living organizations are increasingly targeted by ransomware and other cyberattacks. A successful attack on a recipe management platform, ordering system, or community network can disrupt dining operations, compromise resident dietary information, and force operations into manual paper-based mode for days or weeks.

### 10.2 Vulnerable Platforms in Restaura Operations

- Galley Solutions (recipe management, HACCP, nutritional analysis)
- Centicor procurement and ordering systems
- Community POS and dining ticketing systems
- Digital temperature monitoring and refrigeration systems
- Microsoft 365 / SharePoint Culinary Hub
- Email
- Community-wide network and clinical EHR (where Restaura accesses for therapeutic diet orders)

### 10.3 Indicators and Initial Response

Recognition and immediate response are covered in Crisis Management Manual Section 9.

Cross-reference for indicators of compromise and immediate response steps.

### 10.4 Operational Continuity During Cyber Incident

Restaura kitchens are designed to operate continuously through digital platform outages by maintaining:

- Printed cycle menu and recipes (laminated, kitchen binder)
- Printed approved supplier order guides and contact directory
- Printed Resident Allergen Roster (refreshed daily)
- Printed IDDSI level prescriptions (refreshed daily)
- Printed Therapeutic Diet Roster (refreshed daily)
- Paper-based food safety logs (digital is convenience, not replacement)
- Backup phone tree (cell phones, not VoIP)

If a cyber incident affects operations beyond 24 hours, the DSD coordinates with the Regional Director on extended manual operations and resource allocation.

## 10.5 Recovery

Cyber incident recovery is led by Phoenix3 Collective IT Security. Restaura dining recovery activities:

11. Verify all platforms restored and validated by IT Security before resuming digital operations
12. Verify recipe data integrity in Galley Solutions before relying on digital recipes
13. Verify resident dietary data integrity in any restored systems
14. Reconcile manual production records during the outage with digital systems post-restoration
15. Document the incident in the Post-Emergency Event Log
16. Participate in lessons-learned review with IT Security

## 10.6 Electromagnetic Pulse (EMP) Preparedness

An electromagnetic pulse (EMP) — whether from a geomagnetic solar event or a deliberate high-altitude detonation — can disable unprotected electronics and grid infrastructure across a wide area, potentially for an extended period. Senior living communities are beginning to incorporate EMP scenarios into emergency planning, and given the degree to which dining operations rely on digital platforms, refrigeration controls, and generator electronics, a severe EMP event could be significantly disruptive. EMP planning is developed in partnership with Phoenix3 Collective IT Security and the community's Facilities team; the dining-services considerations below are a starting framework, not a complete plan.

- Treat an EMP as a worst-case, prolonged-outage scenario: assume loss of grid power, digital platforms, and potentially generator electronics simultaneously, and default to the fully shelf-stable 3-Day cycle and manual operations
- Maintain a manual, non-electronic toolkit independent of the power grid: manual can openers, printed menus and recipes, printed resident and diet rosters, printed allergen and IDDSI rosters, paper food-safety logs, and a battery or hand-crank AM/FM radio
- Coordinate with IT Security and Facilities on whether critical spares (generator control modules, communication devices) can be stored in shielded enclosures, and on the recovery sequence if community systems are damaged
- Preserve non-powered methods for therapeutic and texture-modified diets — shelf-stable pre-thickened liquids, shelf-stable puréed pouches, and manual food mills — so IDDSI compliance is maintained even if blender power is unavailable

## Section 11: Climate-Related Emergency Preparedness

### 11.1 Increasing Frequency

Climate-related emergencies — extreme heat events, wildfire smoke, severe weather, prolonged drought — are increasing in frequency and intensity in many regions where Restaura operates. CMS Appendix Z and ASPR TRACIE resources increasingly emphasize climate-aware emergency planning. Restaura communities incorporate climate-specific elements into their HVAs and emergency operations.

### 11.2 Extreme Heat Events

Heat events are especially dangerous for senior populations. Heatstroke, dehydration, and exacerbation of chronic conditions can be life-threatening. Dining operations during heat events:

- Increase fluid availability — extra water stations, hydration check-ins at meals, electrolyte beverages available
- Adjust menu toward lighter, cooler items — cold soups, salads, fresh fruit; reduce heavy hot proteins where clinically appropriate
- Monitor kitchen worker conditions — kitchens generate significant heat; if HVAC is compromised, kitchen worker safety becomes a priority
- Coordinate with clinical team on resident-specific hydration monitoring
- If extended power outage during heat event: refrigeration is the priority for food safety; temperature-controlled spaces (walk-ins) may be staged for resident cooling rooms in extreme cases per Executive Director direction

### 11.3 Wildfire Smoke

Wildfire smoke exposure is a respiratory health concern, especially for elderly residents. Air quality may compromise outdoor dining, ventilation, and supply deliveries:

- Monitor local Air Quality Index (AQI) during fire season
- Suspend outdoor dining when AQI exceeds 100
- Ensure HVAC filters are clean and rated for fine particulate (MERV 13+ where infrastructure supports)
- Coordinate with Facilities on building envelope sealing during high-smoke events
- Plan for delivery delays as wildfire activity may close highways or affect supplier operations

## 11.4 Severe Weather Frequency

Severe weather events (hurricanes, tornadoes, ice storms, flooding) are addressed comprehensively elsewhere in this manual. The climate-specific note: increased frequency means more frequent activation of the protocols in Sections 4–8. Communities in high-risk regions should maintain emergency supplies at the higher end of the recommended range and test activation more frequently than annually.

## 11.5 Drought and Water Restriction

In western and southwestern communities, drought-related water restrictions are increasingly common.

Operational adaptations:

- Coordinate with Facilities on water conservation measures
- Monitor for any local water-use restrictions affecting commercial food service
- Adjust dishwashing schedules to reduce water consumption when feasible
- Extended drought may shift to Boil Water Advisory or emergency water status — see Section 8.2

## Section 12: Training, Testing, and Regulatory Compliance

CMS requires all Long-Term Care facilities to develop and maintain an Emergency Preparedness Training and Testing Program based on the facility's emergency plan. The following requirements apply to all Restaura dining teams operating in LTC-certified communities.

### 12.1 Training Requirements

- All dining service staff must complete Emergency Preparedness orientation training upon hire
- Annual refresher training must be completed by all active dining staff — document with sign-in sheets or LMS records
- Training must cover: this manual's protocols; disaster menu procedures; modified diet continuity; water safety; personal safety in emergencies
- Training records must be retained for a minimum of 2 years per CMS documentation requirements

### 12.2 Testing and Drills

- CMS requires at least two exercises per year: one full-scale or functional exercise, and one tabletop exercise
- The Dining Services team must participate in or conduct at minimum one tabletop exercise annually that specifically addresses disaster menu activation, water shortage response, and vendor failure scenarios
- If the community activates its Emergency Plan due to an actual disaster, this activation may count as one of the required exercises for the year (document with event log)
- Exercise outcomes, including gaps or weaknesses identified, must be documented and used to update the emergency plan

### 12.3 Annual Plan Review

- This Emergency Preparedness Plan must be reviewed and updated annually — Restaura's standard review month is January
- Review must be documented with the date, reviewer name, and a summary of any changes made
- Updated plans must be distributed to all dining team leaders and stored in the kitchen emergency binder
- A hard copy of this manual and all disaster menu recipes must always accompany the emergency supply storage

## 12.4 Documentation Retained On-Site

Document	Format & Location
Emergency Preparedness Manual (this document)	Printed and laminated — Kitchen emergency binder
Disaster Menus (3-day and 7-day)	Printed and laminated — posted in production kitchen + binder
Emergency Contact Directory	Printed and laminated — kitchen + DSD office
Vendor List with Order Guides	Printed and laminated — kitchen emergency binder
Emergency Supply Inventory List	Printed — stored with emergency supplies
Water Calculation Worksheet	Printed — kitchen emergency binder
Annual HVA (Hazard Vulnerability Analysis)	Printed — DSD office file
Training Records (past 2 years)	DSD file or LMS printout
Emergency Event Logs	Post-event completion — submitted to Regional Director

## Section 13: Quick-Reference Emergency Action Cards

These cards are designed to be printed separately, laminated, and posted at key locations throughout the kitchen. They provide at-a-glance guidance for the most common emergency scenarios.

### Card 1 — Power Outage Response

- Account for all staff. Confirm no injuries.
- Check if kitchen is on generator — identify which equipment is powered.
- Close all refrigerator and freezer doors immediately. Do not open unless necessary.
- Deploy flashlights/lanterns. Never use open flames for lighting.
- Check gas equipment — may continue to function. Verify no gas leak before igniting.
- Set up outdoor grill and sterno for hot meal production.
- Deploy disposable serviceware — do not attempt warewashing.
- Activate 3-Day Disaster Menu if outage expected to extend beyond 4 hours.
- Notify Dining Services Director and Regional Director.
- Begin temperature log every 2 hours on all refrigeration.

**4-HOUR RULE** — Refrigerated foods held above 41°F for more than 4 hours must be discarded. Begin using refrigerated items first (milk, eggs, proteins) before they are compromised.

## Card 2 — Water Outage / Boil Water Advisory

- Stop all food production using tap water immediately.
- Deploy bottled water reserves — calculate daily usage vs. on-hand supply.
- Contact county EOC to request emergency water delivery assistance.
- Switch to disposable serviceware — no warewashing without safe water.
- Substitute canned juices and shelf-stable milk for beverages.
- For cooking: use canned goods and shelf-stable items requiring no water.
- For pureed diets: use water-pack canned items and shelf-stable liquids only.
- Do NOT use tap water for thickened liquids — use bottled water only.
- Notify nursing leadership of water restriction impact on hydration protocols.

**F922 DOCUMENTATION** — Document your water supply on hand daily during any water disruption. CMS surveyors may audit your documented water storage against your census calculation formula. Keep this record in the Emergency Event Log.

## Card 3 — Vendor Delivery Failure

- Conduct immediate inventory assessment of all current food on hand.
- Calculate number of days of supply available and activate appropriate menu tier.
- Contact primary distributor to assess estimated delivery timeline.
- Contact secondary emergency distributor or local retail supply chain.
- Notify Restaura Regional Director and seek authorization for emergency purchases.
- Contact county EOC if disaster declaration is active — they may facilitate water and food delivery.
- Document all emergency purchases with receipts.

## Card 4 — Evacuation Protocol — Dining Services

- Notify vendors immediately to suspend all scheduled deliveries.
- Prepare 72-hour portable food kit: canned goods, PB, crackers, shelf-stable milk, juice, thickener.
- Pack the laminated Emergency Contact Directory, vendor list, and printed order guides.
- Pack manual can opener, disposable serviceware, and sterno with grate.
- Notify receiving facility of all resident dietary requirements and current modified diet list.
- Transport enteral formula supply with nursing team.
- Label and tag all transported emergency food with contents and date.
- Do NOT transport food requiring refrigeration unless cold chain can be maintained throughout transport.

## Card 5 — Pandemic Activation

- Confirm activation trigger with Executive Director and DON.
- Suspend buffet, family-style, self-service. Plated service only.
- Switch to room-tray service per clinical leadership decision.
- Deploy disposable serviceware.
- Intensify staff PPE per Infection Preventionist guidance.
- Extend pre-shift health screening; restrict any symptomatic staff.
- Coordinate with Centicor on supply chain visibility.
- Maintain therapeutic diet and IDDSI compliance without compromise.
- Notify Regional Director.

## Card 6 — Cyber Incident

- Do not click, respond, or pay anything.
- Disconnect affected devices from network if possible.
- Notify Phoenix3 Collective IT Security immediately.
- Activate paper-based operations: printed menus, recipes, allergen roster, order guides.
- Continue manual food safety logs.
- Notify DSD, Regional Director, CCO.
- Document observations time-stamped.
- Do not attempt to remediate independently.

## Section 14: Shelf Life and Storage Reference Guide

For all purchased products, always follow the manufacturer's expiration date ("use by," "best if used by," etc.). For items without manufacturer dating, use the guidelines below. All products should be stored at 50°F–70°F with 50%–60% relative humidity in dry storage.

### 14.1 Key Shelf Life — Emergency Stock Items

Product	Dry Storage	Refrigerated	Frozen
Canned fruits and vegetables (unopened)	12–24 months	—	—
Peanut butter (unopened)	6–9 months	—	—
Powdered / dry milk (unopened)	12–23 months	—	—
Shelf-stable / UHT milk (unopened)	3–5 years	7–10 days (opened)	3 months
Dry pasta	2 years	—	—
White rice	2 years+	—	—
Crackers	6 months	—	3 months
Instant coffee	1–2 years (unopened); 2 months (opened)	—	—
Instant tea	3 years	—	—
Sugar (granulated)	2 years+	—	—
Honey	12 months (opened or closed)	—	—
Hot sauce	3 years	—	—
Bottled water (sealed)	Use manufacturer date; typically 1–2 years	—	—
Protein / energy bars	Per packaging (typically 12–18 months)	—	—
Granola bars / cereal bars	6–12 months	—	—
Mayonnaise (commercial, unopened)	2–3 months dry; 1 year refrigerated	2 months (opened)	Do not freeze

Product	Dry Storage	Refrigerated	Frozen
Jelly / jam (unopened)	12 months	6 months (opened)	—

**ROTATION POLICY** — Restaura policy requires all emergency supply items to be date-labeled and rotated through normal operations before expiration. Replace any item used from emergency stock within 14 days. Conduct a full emergency supply audit each quarter and document the results.

## Appendix A: State Addenda

State-specific regulatory and operational variations for the five states in which Restaura currently operates. Regulatory authorities, AL/SNF licensing agencies, and emergency-preparedness-specific requirements are summarized; consult current state rules for definitive requirements.

### A.1 Texas

- **AL/SNF licensing:** Texas Health and Human Services Commission (HHSC). Texas Administrative Code provisions: 26 TAC Chapter 553 (Assisted Living Facilities) and 26 TAC Chapter 554 (Nursing Facility Requirements).
- **Emergency preparedness:** HHSC requires AL Type A/B and SNFs to maintain emergency preparedness plans aligned with CMS Final Rule. Texas-specific requirements include hurricane-zone preparedness for Gulf Coast facilities, ice storm preparedness for inland regions.
- **Public health authority:** Texas Department of State Health Services for retail food and outbreak response.
- **Climate considerations:** Hurricane season (June–November); winter ice events (January–February); extreme heat events increasingly common across the state.

### A.2 Massachusetts

- **AL/SNF licensing:** MDPH Division of Health Care Facility Licensure and Certification. Nursing homes per 105 CMR 150; assisted living residences per 65I CMR (Executive Office of Elder Affairs).
- **Emergency preparedness:** MDPH requires emergency plans for licensed facilities aligned with CMS Final Rule for SNFs. Massachusetts-specific considerations include winter blizzard preparedness, nor'easter response, and coastal flooding for facilities along the eastern seaboard.
- **Public health authority:** MDPH Bureau of Infectious Disease and Laboratory Sciences for outbreaks.
- **Special note:** MGL c.94 §305D — anti-choking procedures requirement applies to licensed dining establishments above a specified seating threshold.

### A.3 New Hampshire

- **AL/SNF licensing:** NH DHHS Bureau of Health Facilities Administration. He-P 800 series — Residential Care and Health Facility Rules. Specifically He-P 802 (nursing homes), He-P 803 (residential care facilities), He-P 804 (assisted living residences).
- **Emergency preparedness:** Aligned with CMS Final Rule for CMS-certified facilities. State-specific considerations: severe winter storm preparedness; rural service-area considerations for delivery and emergency response.
- **Public health authority:** NH DHHS Division of Public Health Services. Imminent hazard reporting per He-P 2300 includes water service interruption  $\geq 2$  hours, sewage backup, electrical interruption  $\geq 2$  hours, fire, and natural disaster affecting food supply.

### A.4 Oklahoma

- **AL/SNF licensing:** Oklahoma State Department of Health. OAC 310:675 (Nursing and Specialized Facilities), OAC 310:680 (Residential Care Homes), OAC 310:663 (Continuum of Care and Assisted Living).
- **Emergency preparedness:** Aligned with CMS Final Rule. State-specific considerations: tornado preparedness (peak season April–June); ice storms; extreme heat events.
- **Public health authority:** OSDH Acute Disease Service for outbreaks per OAC 310:515.

### A.5 South Carolina

- **AL/SNF licensing:** SC Department of Public Health (SCDPH; previously DHEC). Regulation 60-17 (Standards for Licensing Nursing Homes); R.61-84 (Community Residential Care Facilities).
- **Emergency preparedness:** Aligned with CMS Final Rule. State-specific considerations: hurricane evacuation (Atlantic season June–November); inland flooding; coastal storm surge for facilities on the seaboard.
- **Public health authority:** SCDPH Bureau of Disease Control.
- **Note on regulatory transition:** As of July 1, 2024, retail food regulatory functions transitioned from DHEC to the SC Department of Agriculture (SCDA). All references to DHEC in food establishment regulation are construed as references to SCDA. SCDPH retains health facility licensure.

## Appendix B: Acknowledgment and Annual Review Record

The Dining Services Director must complete the following documentation upon initial receipt of this manual and following each annual review.

### Annual Review Log

Year	Date of Review	Reviewer Name & Title	Signature
2026	_____	_____ —	_____
2027	_____	_____ —	_____
2028	_____	_____ —	_____
2029	_____	_____ —	_____
2030	_____	_____ —	_____
2031	_____	_____ —	_____

## Initial Receipt Acknowledgment

I, the undersigned Dining Services Director, acknowledge receipt of the Restaura Hospitality Emergency Preparedness Manual, confirm that I have reviewed its contents with my team, and commit to maintaining all protocols, supply standards, and documentation requirements described herein.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Community Name: \_\_\_\_\_

State: \_\_\_\_\_

Restaura Vertical:  Independent Living  Assisted Living  Memory Care  Skilled Nursing

*Restaura Hospitality | A Phoenix3 Collective Brand*

*For questions, contact Culinary Operations at Restaura Hospitality HQ.*