

**Santa Rosa Health and Rehabilitation
Emergency Power Plan
October 31, 2017**

Note: In effort to assist Nursing Homes and Assisted Living Facilities meet the criteria of the Emergency Rules 58AER17-1 and 59AER17-1, Santa Rosa County Emergency Management has listed a guideline to assist you with the development of your Emergency Power Plan. If you have questions, please contact our office at 850-983-5360.

1. Facility Information
 - a) Type of Facility: Skilled Nursing Facility
 - b) Facility Name: Santa Rosa Health and Rehabilitation
 - c) Facility Address: 5386 Broad Street, Milton, FL 32570
 - d) Administrator Name: Melody Hines
 - e) Administrator Phone Number: (850) 623-4661

Please note, Santa Rosa has requested a variance that would allow for final submission of our emergency power plan on or before January 31, 2018.

Santa Rosa has also requested a variance that would allow for implementation of the plan on or before May 14, 2018 contingent upon prompt local and state approval.

2. What area(s) of the facility do you plan to keep below 80 degrees? *Santa Rosa Health and Rehabilitation has retained an engineering firm to assist with our Emergency Power Plan. After the engineer's evaluation of our facility, we will determine the best location for our lifeboat. Currently there are several options for that area.*
3. What is the square footage of the cooled area? *Based on the required code of 30 sq ft per resident, our total lifeboat area will be at least 3300 sq ft.*
4. Identify what kind of equipment will be used to cool the areas identified (HVAC, Portable A/C, Window A/C, etc.): *The engineers will determine if we should use the HVAC equipment or portable AC units to cool the lifeboat.*
5. If in #3 you identify Portable A/C, Window A/C, etc., we need documentation from the manufacturer of said equipment, that the Portable A/C, Window A/C, etc., can cool the identified part of your facility. *The requested documentation will be provided if applicable.*

6. How many people (residents and staff) do you plan to keep in this cooled space/area?
(Must meet appropriate fire codes. 30 sq. ft. minimum.) *We have 110 beds so our lifeboat will be set up to hold at least 110 residents. The Emergency Rule does not require air conditioned areas for staff, however, based on the options we have considered there will be sufficient room for staff.*

7. Describe how staff will ensure the area does not exceed 80 degrees and how often the temperature will be monitored. *Thermometers will be mounted in the Main dining room and conference room to display temperatures at all times. Measuring tools will be available in the front hallways for staff to check the temperatures every hour.*

8. Provide a statement for how you plan to move residents to this area. *Residents will be rolled into those areas in their beds.*

9. Will there be beds in this cooled area? *Yes*
 - a. How many? *110*
 - b. Do you have these beds on site? *Yes*

10. Where is the generator at your facility located? *Our generator is located on the south side of our building at the end of the 500 hall wing.*

11. Describe the make, model, and size of the generator(s). Is the generator fixed or portable? *60kW Onan fixed generator*

12. Describe what emergency features the generator is capable of powering (lights, fridge, A/C, etc.). Need to include a memo from your electrician stating the generator will do what is claimed. *Dishwasher, Robot Coupe Food Processor, 3 door freezer, Toaster, Coffee Brew Machine, Serving Line Steam Table, Steamer Cabinet, Ice Machine, Meat Slicer, Microwave Oven, Convection Oven, Exhaust Hood, 3 Door Refrigerator, 2 Upright Chest Freezers, Dining Room/ Conference Room Air Conditioner, Hallway Emergency Lighting, Emergency Receptacles in hallways, Fire Alarm System, Receptacles at Back nurses station, Receptacles in both pantries, Receptacles in both Med Rooms, and the Kitchen Air Conditioning are currently powered by the generator. After our engineer evaluates our facility, we will be able to provide a letter confirming generator capability.*

13. Describe the fuel type you will need to run the generator. *Diesel*
14. What is the max capacity of fuel for the generator? *300 gallons*
15. How long (time frame in hours and minutes) will a full generator be able to run? *300 gallons will power our generator for at least 96 hours.*
16. How much fuel is located on site and where is it stored (minimum requirement is enough fuel for 96 hours or four (4) days)? *We have 300 gallons on site in the generator room.*
17. State the procedure for how your facility will refuel before and after an emergency. If a fuel agreement is established, please provide the agreement. *We have an agreement with John Burkhead to refuel our tank before and after an emergency. See attachment #1.*
18. How is the generator, fuel supply, and all equipment protected from debris and any impact? *The generator and fuel supply are located in a separate building made of concrete block.*
19. How is the equipment used to cool the facility protected from debris and any impact? *The HVAC equipment is mounted on the roof. We will have our engineer assess its vulnerability.*
20. Provide a training procedure and schedule to ensure staff is aware of how to operate the emergency power to the facility. *The transfer switch operates automatically. In case of transfer switch failure, the Maintenance Director can manually initiate a successful transfer. No other employees would be involved in this process.*
21. Provide a maintenance schedule for both the generator and cooling system (HVAC, Portable A/C, etc.) to include minimal monthly test of operation of 30 minutes or more under at least 30 percent of the rated capacity. *The generator receives quarterly maintenance and annual load tests. The HVAC system is maintained by in house maintenance staff on a monthly basis. See attachment #2*
22. Provide a maintenance schedule for both the generator and HVAC system (include mechanism for load testing and documentation of test): *See attached load test results*

dated 3/27/17. The next 4 hour load test will be conducted in March 2018. See attachment #3

23. Provide documentation of maintenance testing reports. *See attachment #4*
24. Please attach a certified HVAC letter with a quote approving the tonnage required to cool the space indicated. *To be provided after consulting with our engineer.*
25. Please attach a certified electrician letter with a quote specifying generator capacity required to run HVAC system and fuel for 96 hours. *To be provided after consulting with our engineer.*
26. Please provide documentation to show the generator for the facility has been installed and is operable. *See attached transfer tests. Attachment #5*
27. Attach a letter from a mechanical contractor with a quote approving the tonnage required to cool the space indicated to include the number of people to be housed in the space. *To be provided after consulting with our engineer.*
28. Describe how new staff will be informed of the emergency power plan: *The emergency power plan will be included in new employee orientation.*

Melody Hines
Melody Hines, NHA