

**Emergency Management Planning Criteria for Emergency  
Environmental Control 58AER17-1& 59AER17-1**

**Nursing Home/Assisted Living Facility**

- A. Provide basic information concerning the facility to include:

Name of Facility: Life Care Center of Pensacola

Facility Type: Skilled Nursing

Facility Address: 3291 E. Olive Rd.

City, State and Zip Code: Pensacola, Fla 32514

Telephone Number: 850-471-5400

Administrator: Jennifer Lindley

- B. Identify area within facility and square footage that you plan to keep below 80 degrees: The facility has 5800 square feet of cooling areas.
- C. Identify how many people (residents and staff) the area to be cooled will accommodate: The 2<sup>nd</sup> floor common areas will accommodate 99 residents and staff who will be working. The first floor living room and dining room will accommodate the 21 residents who resident on this unit and staff resting.
- D. Provide a statement on how you plan to move residents to the identified location. Identify if beds will be located in the area to be cooled: The common areas on the 2<sup>nd</sup> floor currently have HVAC connected to the generator. Residents can be moved out of the rooms into the halls or into the living room and dining areas as needed. If needed patient beds can be moved into the cooling areas in to the hallway or the living and dining areas. This area will accommodate 99 residents. The first floor has the living room and the dining room areas that are cooled with 15,000 BTU PTAC units connected to the generator. Residents on the first floor will be able to move into these cooling areas as needed. Patient beds can be moved into these areas as needed. These two areas will accommodate the 21 residents that reside on the first floor and staff resting.
- E. Describe how staff will ensure the area does not exceed 80 degrees and how/how often the temperature will be monitored: The facility will take area temperatures every hour and log temperatures.

F. Describe make, model and size of generator. Is the generator fixed or portable?

Cummins/Onan: DFCC-57355410 350KW@60HZ Fixed unit

G. Describe where the generator is located at your facility:

The unit is located on the back side of building close to main electrical room.

H. Describe what emergency features the generator is capable of powering (lights, fridge, A/C, etc.):

Corridor lighting, Exterior lighting, Elevator, Walk in cooler, Walk in Freezer, Ice Machines  
Reach in refrigerator, Water heater, Gas range, Fire alarm systems, Medical gas systems  
including alarms, Phone systems, Data hub, Wash machine, Dryer, Multiple 15,000 BTU PTACs,  
One 10 ton AC, One 15 ton AC.

I. Describe how much fuel is located on site, where the fuel stored and how long it will provide fuel for the generator (minimum requirement is enough fuel for 96 hours/4 days): 2000 Gallons of diesel fuel. Stored in an above ground 2000 gallon tank. A 350kw generator at 75% load will use 19.4 gallons per hour so for a 24 hour period that would be roughly 465 gallons. This will provide the facility with 103 hours.

J. Describe how the generator is connected to supply emergency power to cool your facility:

One 10 ton AC unit and one 15 ton unit are connected to the emergency circuit. Four 15000 BTU ptac units are on the critical branch as well.

K. Describe the plan/procedure for initiating generator power: Upon loss of utility power, automatic transfer switches engage within 5 seconds after power loss.

L. Document how the emergency generator, fuel supply and all equipment will be protected from debris and any impact: The generator has a protective housing so it is not exposed to the elements. Fuel tank and generator are both enclosed by a 16' cinder block wall.

M. Describe how the facility will refuel before and after an emergency. If a fuel agreement is established, provide the agreement: Fuel is provided via a tanker truck from Mcpherson Oil Company, contacted via telephone.

N. Describe how training will be provided to ensure staff is aware of how to operate the emergency power to the facility (this section may not apply to facilities with automatic transfer switches):

Facility has an automatic transfer switch.

O. If your facility is planning on installing a fixed generator, describe the construction implementation time and attach the plans: NA

NA

P. Describe if the fixed generator is to run the HVAC and provide a certified HVAC letter approving the tonnage required to cool the space indicated: See Attached Letter.

Q. The facility generator is exercised every week for 30 minutes. A monthly load bank test is completed as well with results documented. A prestart check list is completed before each test and documented. Generator is serviced Semi-Annually by Power Pro Tech Services that include one minor and one major with full annual load test performed to NFPA standards. Power Pro Tech provides 24/7 emergency service.