

ATCA website Disaster Plan guidelines

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: Rosewood Health & Rehab

Facility Type: Skilled nursing

Facility Address: 3107 N. H. Street

City, State and Zip Code: Pensacola, FL 32501

Telephone Number: 850-430-0500

Administrator: Randall McClellan

B. Identify area within facility and square footage that you plan to keep below 80 degrees:

Dinning Room, conference room, Administrators office,
LOBBY

C. Identify how many people (residents and staff) the area to be cooled will accommodate:

108

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:

Wheelchairs and walking.
Beds will be available!

E. Describe how staff will ensure the area does not exceed 80 degrees and how/often the temperature will be monitored: NE will have an indoor thermometer in each room. And maint./Designee will monitor hourly.

F. Describe make, model and size of generator. Is the generator fixed or portable?
IT is fixed! Life safety gen 1 30 KW fixed Kohler
A/C generator 2 75 KW fixed KatoLite

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

its outside the building mounted on a concrete pad
next to the boiler room.

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

Life safety gen 1 - All required life safety circuits
A/C gen 2 - 20 Ton roof Top package unit

- 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):

N/A

Natural gas supplied by local municipality

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

Automatic Transfer switch

- K. Describe the plan/procedure for initiating generator power:

Automatic Transfer switch

- L. Document how the emergency generator, fuel supply and all equipment will be protected from debris and any impact:

Both generators enclosed in metal casing

- M. Describe how the facility will refuel before and after an emergency. If a fuel agreement is established, provide the agreement:

N/A

Natural gas is supplied by Local Municipalities

- 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):

N/A

Automatic Transfer switch

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

N/A

existing generators

- 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:

N/A Existing HVAC 20 Ton

system.

From:
Sent:
To:
Subject:

MR.Hattaway, we utilize a company called electric paramedics to service our life safety generators here at rosewood as well as Gulf Coast Healthcares other facilities. They are serviced yearly. Then we here run those generators 30 minutes weekly. We also load bank test the generators on site also. We have 3260 sq. Ft. in our cool zone. I can be reached at XXX-XXX-XXXX if you need anything else. :)