



Brad Hattaway  
6575 North W Street  
Pensacola, FL 32505  
850-471-6414

Dear Mr Hattaway,

Please find Specialty Health and Rehabilitation Center's updated detailed plan for Rule 59AER17-1.  
Please let me know if you have any further questions or need any further documentation.

Thank You,

  
Linda Langley

**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: Specialty Health and Rehabilitation Center  
Facility Type: SNF  
Facility Address: 6984 Pine Forest Road  
City, State and Zip Code: Pensacola, FI 32526  
Telephone Number: 850-430-3400  
Administrator: Linda Langley

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

12,666 sq ft- A Wing

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

120 residents and 125 associates

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:

Residents will be moved by wheelchair and ambulation. Beds will be located in cooled area.

E. Describe how staff will ensure the area does not exceed 80 degrees and how/how often the temperature will be monitored:

Temperature will be monitored and documented every hour.

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

Existing life safety generator- 75kw Onan Fixed- Generator #1

Future generator- 60kw Onan/Cummings Fixed- Generator #2

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

Behind Building

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

Life Safety powers all required areas

Future generator will power PTAC air conditioners on A Wing

- 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):

Life Safety- 288 gallons of diesel on site providing required 72 hours  
Future generator- natural gas- none stored- continuous supply

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

Future generator will be connected manual transfer switch to cool 12,666 sq ft A Wing

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

Manual transfer switch will be used to connect generator to load

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

Future generator will have factory built casing enclosure. Fuel supply underground

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

Life safety- Electric Paramedics

- 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):

Regional Maintenance Consultant will train the maintenance team annually

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

Future to run PTAC air conditioners on A Wing- installed within 180 days provided contractor can meet deadline

- 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:

Future generator will power existing PTAC units to cool A Wing using formula of 500 sq ft/ton minimal. ( Please see attached letter form All Seasons)



89A East Blount St. • P.O. Box 13469 • Pensacola, FL 32591  
Phone (850) 434-0384 • Fax (850) 497-7742

October 26, 2017

RE: Gulf Coast Health Care

To whom it may concern;

The usual and customary air conditioning capacity requirements for residential applicants is that one ton is sufficient for 500 to 600 square feet. Should you have any questions, Please call.

Cordially,

A handwritten signature in dark ink, appearing to read "Mike Sarra". The signature is fluid and cursive, with the first name "Mike" and last name "Sarra" clearly distinguishable.

Mike Sarra

**ELECTRIC**



**PARAMEDICS**

4004 LOWER RIVER ROAD

SANFORD, NC 27330

919-971-7033

To whom it may concern:

This letter is to serve as confirmation that Electric Paramedics LLC. has a contract with Specialty Hse for their generator maintenance & disaster recovery.

We provide and guarantee 24/7 emergency fuel services to all of Gulf Coast Health Care facilities.

Sincerely,

Darryl Jones

A handwritten signature in cursive script that reads "Darryl Jones".