

# Liberty County

———— EMERGENCY MANAGEMENT ————

October 27, 2017

Queen Brown Haven Assisted Living, Inc.  
AL Lic #12393....  
6906 North West Torreya Park Road  
Bristol, FL 32321

Phone: 850-643-2876

To Whom It May Concern:

Please be advised that Liberty County Emergency Management Director, Rhonda Lewis, has reviewed the Generator Addendum Plan submitted by Queen Brown Haven Assisted Living, Inc. and is satisfied with the planning and implementation of this plan.

Please note that this planned has been approved on this day, October 26, 2017, by Liberty County Emergency Management Director, Rhonda Lewis.

If you have any questions, please contact me at (850)643-2339.

Sincerely,



Rhonda Lewis, Director

Liberty County Emergency Management  
10979 NW Spring Street  
Bristol, FL 32321

(850)643-2339

**Contact Person: Nonnie L Brown, Administrator/Owner**

**QueenBrown HavenAssisted Living, Inc.**

**AL Lic# 12393.....**

**6906 North West Torreya Park Road**

**Bristol, Florida 32321**

**Phone: 850.643-2876**

**GENERATOR ADDENDUM TO QueenBrownHaven  
LIVING'S COMPREHENSIVE EMERGENCY  
MANAGEMENT PLAN**

Pursuant to Emergency Rule 58AER 17-1, entitled "Procedures Regarding Emergency Environmental Control for Assisted Living Facilities," this addendum is supplied as an addendum to my current Comprehensive Emergency Management Plan. The Emergency Rule requires a plan be submitted within 45 days from the date of the Emergency Order (September 16, 2017). The Emergency Order further requires plan implementation by November 15, 2017 (60 days from the date of the Emergency Order).

**Scope of Addendum:** This addendum the implementation of a plan to ensure ambient temperatures will be maintained at or below 80 degrees Fahrenheit or less for a minimum of ninety-six (96) hours in the event of the loss of electrical power to an assisted living facility. The plan is intended address the acquisition, maintenance and testing of an installed generator. The plan also addresses the storage.

**Acquisition of Sufficient Generator/Generators**

- I. Not later than Wednesday, September 27, 2017 the Executive Director or his/her designee shall meet with our local electrical engineer/electrical contractor or a generator dealer to discuss options and sizes to power a sufficient amount of space during a power outage. The meeting will also discuss the following:
  - a. Permitting process and local ordinances for generator installation in Liberty County
  - b. Storage of fuel to adequately store 96 hours of fuel
  - c. Restrictions imposed by the local fire marshal
  - d. Determine backup energy needs and peak usage requirements
  - e. Determine whether an electrical engineer will require load monitoring
  - f. Determine whether a site plan showing the location of the electrical service equipment, fuel tank(s), and generator, with setback dimension to property line and buildings, and all building openings (if necessary)
  - g. Determine whether my county requires an up-dated survey of the property

- h. Whether the generator must be properly screened from street view
- i. Whether testing of a permanently installed generator is excluded during certain hours
- j. Whether there are certain electrical requirements
- k. Whether a detail of the concrete slab(s) is required
- l. Whether a fuel piping/connection detail and specifications for natural gas is required
- m. Any additional services/ requirements that are needed

Should options be made available that allows for cost savings, while still ensuring our generators are operable and well maintained, these options will be explored.

#### **Acquisition of Fuel**

- II. Not later than Wednesday, September 27, 2017, the Executive Director or his/her designee will discuss fuel storage. All permitting and fuel storage requirements, to include permitting if necessary will be explored. Provided the Executive Director needs to meet with someone other than the person/persons mentioned above to accomplish the safe acquisition and storage of fuel. Provided the Executive Director needs to meet with someone else for this requirement, the Executive Director will schedule that meeting within 3 business days.

#### **Acquisition of Services to Install, Maintain, and Test**

- III. Not later than Wednesday, September 27, 2017, the Executive Director or his/her designee will discuss the installation process, needed maintenance, and testing with a local electrical engineer/electrical contractor or a generator dealer. Provided the Executive Director needs to meet with someone other than the person/persons mentioned above to accomplish the install, maintenance, and testing for this requirement, the Executive Director will schedule that meeting within 3 business days.

#### **Final Placement and Installation**

- IV. Upon securing the required permitting, generator, and all approvals required from state and local authorities, we will have the generator installed as require by the Emergency Rule. It is our intention to order the generator and have it installed prior to the sixty (60) day deadline.

#### **Procedures During the Loss of Power**

- V. If power is lost to the building, staff will make rounds on all residents to ensure they have a light source and check on the safety of all residents. Staff on Duty will perform the following:
  - a. Notify the power company of the loss of electrical service by calling Talquin Electric : (866) 899-4832 Coop Electric . Staff will not assume it has already been reported.

- b. Staff will check all breaker panels and reset if necessary.**
- c. Staff will contact the Manager. Additional staff may be called in to assist.**
- d. If power remains off for longer than 15 minutes, staff will determine whether residents would like to come to an area of the building where temperatures are 80 degrees or below.**
- e. If the temperature is not an issue, staff should regularly patrol the building every 20 minutes for wellness checks, determine the needs for assistance for residents, the smell of smoke or evidence of fire.**
- f. If power remains off for a significant length of time and temperatures exceeds 80 degrees in the common area of the building designated for resident cooling in a power outage, staff must engage the generator if it does not engage automatically.**
- g. If at any time temperatures exceed 80 degrees on three different readings within an hour after the generator is engaged, evacuation procedures will begin and residents will be transported in accordance to our Comprehensive Emergency Management Plan.**

# Liberty County

———— EMERGENCY MANAGEMENT ————

**October 26, 2017**

**Varnum's Rest Home  
12167 NW Freeman Road  
Bristol, FL 32321**

**Phone: 850-643-2876**

**To Whom It May Concern:**

**Please be advised that Liberty County Emergency Management Director, Rhonda Lewis, has reviewed the Generator Addendum Plan submitted by Varnum's Rest Home and is satisfied with the planning and implementation of this plan.**

**Please note that this planned has been approved on this day, October 26, 2017, by Liberty County Emergency Management Director, Rhonda Lewis.**

**If you have any questions, please contact me at (850)643-2339.**

**Sincerely,**

*Rhonda Lewis*

**Rhonda Lewis, Director**

**Liberty County Emergency Management  
10979 NW Spring Street  
Bristol, FL 32321**

**(850)643-2339**

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**PROCEDURES REGARDING EMERGENCY ENVIRONMENTAL  
CONTROL  
FOR VARNUM'S REST HOME**

**RULE 58AER17-1** This emergency rule establishes a process for the Department of Elder Affairs to ensure that licenses of assisted living facilities develop and implement plans that ensure ambient temperatures will be maintained at or below 80 degrees Fahrenheit or less for a minimum of ninety-six (96) hours in the event of the loss of electrical power to an assisted living facility.

**POLICY AND PROCEDURE:**

Varnum's Rest Home has three (3) Generac Generators that are installed and operational.

These generators are operated by natural gas which comes from 2 onsite natural gas tanks.

The three generators and natural gas are sufficient to ensure ambient temperatures will be maintained at or below 80 degrees Fahrenheit or less for a minimum of 96 hours in the event of the loss of electrical power to our facility.

Varnum's Rest Home maintains an account with Amerigas for natural gas for the operation of three generators.

Varnum's Rest Home shall contact Amerigas to check and fill the gas tanks on a quarterly schedule or after each emergency use.

The generators are on an automatic weekly schedule to power on and run in test mode for 15 minutes. These test modes are monitored and recorded on the Generator Maintenance Log by Varnum's Rest Home staff.

The generators are checked and maintained yearly and as needed by Joe Combs, LLC, Electrical Services. These services shall be recorded on the Generator Maintenance Log.

## VARNUM'S REST HOME GENERATOR MAINTENANCE LOG

| JANUARY | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|---------|--------------|--------------|--------------|
| WEEK1   |              |              |              |
| WEEK 2  |              |              |              |
| WEEK 3  |              |              |              |
| WEEK 4  |              |              |              |
|         |              |              |              |

| FEBRUARY | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|----------|--------------|--------------|--------------|
| WEEK1    |              |              |              |
| WEEK 2   |              |              |              |
| WEEK 3   |              |              |              |
| WEEK 4   |              |              |              |
|          |              |              |              |

| MARCH  | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| APRIL  | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| MAY    | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| JUNE   | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| JULY   | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| AUGUST | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|--------|--------------|--------------|--------------|
| WEEK1  |              |              |              |
| WEEK 2 |              |              |              |
| WEEK 3 |              |              |              |
| WEEK 4 |              |              |              |
|        |              |              |              |

| SEPTEMBER | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|-----------|--------------|--------------|--------------|
| WEEK1     |              |              |              |
| WEEK 2    |              |              |              |
| WEEK 3    |              |              |              |
| WEEK 4    |              |              |              |
|           |              |              |              |



| OCTOBER | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|---------|--------------|--------------|--------------|
| WEEK1   |              |              |              |
| WEEK 2  |              |              |              |
| WEEK 3  |              |              |              |
| WEEK 4  |              |              |              |
|         |              |              |              |

| NOVEMBER | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|----------|--------------|--------------|--------------|
| WEEK1    |              |              |              |
| WEEK 2   |              |              |              |
| WEEK 3   |              |              |              |
| WEEK 4   |              |              |              |
|          |              |              |              |

| DECEMBER | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|----------|--------------|--------------|--------------|
| WEEK1    |              |              |              |
| WEEK 2   |              |              |              |
| WEEK 3   |              |              |              |
| WEEK 4   |              |              |              |
|          |              |              |              |

| ANNUAL          | GENERATOR #1 | GENERATOR #2 | GENERATOR #3 |
|-----------------|--------------|--------------|--------------|
| GENERATOR CHECK |              |              |              |

**COMMENTS** \_\_\_\_\_

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10/1/2017

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|--|---|
| <b>Joe Combs</b><br><b>Joe Combs, LLC</b><br><b>15647 NE New Market Road</b><br><b>P.O. Box 155</b><br><b>Hosford, Florida 32334</b> | <b>License # EC13005630</b><br><br><br><br><b>Cell # 850-509-1096</b> |
|--|---|

|  |
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| <b>To: Varnum Assisted Living</b><br><b>Bristol, Fl</b><br><b>JOB: Generator</b> |
|--|

*Payment due upon receipt of invoice.*

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|--|--|--|--|
|  | <b>Check generator once a year:</b>                      |  |  |
|  | <b>At time checked invoice will be issued which will</b> |  |  |
|  | <b>include cost of any parts and labor for service</b>   |  |  |
|  | <b>call.</b>   |  |  |
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**TOTAL**

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*Thank you*  
*Joe Combs*

This plan is submitted and approved this 26<sup>th</sup> day of  
October 2017.

Rhonda Lewis  
**Rhonda Lewis**  
**Liberty County Emergency Management Director**

Ruby Varnum  
**Ruby Varnum**  
**Varnum's Rest Home Owner/Administrator**

**Plan posted to Liberty County Emergency Management website on**

\_\_\_\_\_  
**Date**

**Submitted to AHCA and Department of Elder Affairs on**

\_\_\_\_\_  
**Date**