

CONSUMER-FRIENDLY SUMMARY OF THE EMERGENCY ENVIRONMENTAL CONTROL PLAN

Facility Information			
Facility Name:	Marryshaw House		
Facility Type:	<input type="checkbox"/> Nursing Home	<input checked="" type="checkbox"/> Assisted Living Facility	License # AL12115
Street Address:	2141 NW 63 rd Ave		
City:	Sunrise	County:	Broward
			Zip: 33313
Administrator Name:	Sonia		
Contact Number(s):	954-607-0757	954-239-2364	
This Facility Is:	<input type="checkbox"/> Located on a campus with other facilities under common ownership <input type="checkbox"/> Located in a multistory building <input checked="" type="checkbox"/> A stand-alone single story building		

Alternate Power Source			
Onsite Alternate Power Source:			
<input type="checkbox"/> Portable generator	<input checked="" type="checkbox"/> Fixed generator	<input type="checkbox"/> Other: _____	
Make:	Make:	Make:	
Model:	Model:	Model:	
Size:	Size:	Size:	
The alternate power source is capable of powering the following equipment:			
<input checked="" type="checkbox"/> Entire Facility	<input type="checkbox"/> Lights	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Life Safety Systems
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Heating Systems	<input type="checkbox"/> Other: _____	
Implementation of the alternate power source will be complete on <u>11/14/2017</u>			

Cooling Method			
The following kind(s) of equipment will be used to cool the facility:			
<input checked="" type="checkbox"/> Air Conditioner(s)	<input type="checkbox"/> Spot Cooler(s)	<input type="checkbox"/> Chiller	<input type="checkbox"/> Fan(s)
<input type="checkbox"/> Other: _____			

Temperature Controlled Area(s)			
The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:			
<input checked="" type="checkbox"/> Within the licensed facility	<input type="checkbox"/> In another location on the campus		
The following area(s) will be cooled.			
<input checked="" type="checkbox"/> Entire Facility	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Resident Room(s)
<input type="checkbox"/> Common Area(s)	<input type="checkbox"/> Hallways	<input type="checkbox"/> Other Area(s): _____	
The net square footage of the area to be cooled is <u>1500</u> square feet.			
How many people are planned to use this area? <u>7</u>			
Will there be beds available in the cooled area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			