HCAI Department of Health Care Access and Information

User Guide

Section 22

ALTERNATE SOURCE OF POWER ASSESSMENT FOR SKILLED NURSING FACILITIES

VERSION 1.4

Office of Statewide Hospital Planning and Development

October 2023

1 Introduction

Welcome to HCAI Electronic Services Portal Client Access (eCA) User Guide

This section provides users with step-by-step instructions for creating and submitting an application for a new HCAI Alternate Source of Power Assessment for a skilled nursing or intermediate care facility using eCA.

Remember: This user guide provides step-by-step help to submit the assessment application. For details on code interpretation and design criteria, see PIN 74 and Advisory Guide A6 – Alternate Source of Power for SNFs.

For help with submitting an application, user account, or other, contact us at eserv@hcai.ca.gov or 916-440-8400.

What is needed to prepare for submitting an Alternate Source of Power Assessment

Before you begin the online application, here are the topics that you will need to complete the application:

- Documentation substantiating compliance with HSC 1418.22 or proposing remediation to bring into compliance with HSC 1418.22 for the following if in use at your facility:
  - Heating System(s)
  - Cooling System(s)
  - Ventilator(s)
  - Automated External Defibrillators (AED)
  - Crash Cart(s)
  - Other Life-Saving Equipment
  - Oxygen Concentrator(s)
  - Positive Pressure Apparatus (PPA)
  - Oxygen Generation System(s)
  - On-site Permanent Backup Generator(s)
  - On-site Permanent Alternate Power Source
- Floor plan showing location of existing systems listed above and area of coverage for each.
- Electrical Single Line Diagram showing utility service, emergency and alternate power source(s) and distribution to HVAC equipment, lifesaving equipment, and oxygen generating device(s).
- Information about the following existing system(s);
  - Heating System
    - Heating System Type (ex. Central Air-handling system – Heat Pump)
    - Quantity of Heating System(s)
    - Fuel Type
  - Cooling System
    - Cooling System Type (ex. Central Air-handling system – Hydronic Chilled Water)
    - Quantity of Cooling System(s)

        - Fuel Type
    - On-site Permanent Backup Generator(s).
        - Make and Model
        - Size (KVA and Voltage)
        - On-Site Fuel Capacity
        - On-Site Fuel Storage Generator Run Time
    - On-site Permanent Alternate Power Source(s).
        - Make and Model
        - Size (KVA and Voltage)
        - On-Site Fuel Capacity
        - On-Site Fuel Storage Alternate Power Source Run Time

With the above information, you will be able to complete the online application. In **Appendix A**, the questions in the online application are available for your use.

Note: Once you have submitted the assessment, you can print a report that shows the questions, answers and requirements based on the answers. See **Appendix B** for how to print the report.

Appendix C details the process for compliant facilities and non-compliant facilities needing remediation to become compliant.

2 Alternate Source of Power Assessment Application

2.1 Page Flow Overview

Users must follow the predefined steps to create and submit assessment applications. The steps involved in submitting an application for an Alternate Source of Power Assessment are similar to those submitting for an Expedited Permit. Below is an illustration of the page flow steps.

Table 1: eCA Pageflow

Page No.	Page Title	Description
Application for New Project		
1	Record Type	User must select **SNF Alternate Source of Power Assessment** on this step.
2	Select Facility	User selects the facility from HCAI's facility database. eCA auto-populates the facility, address, and facility owner information. Only Skilled Nursing and Intermediate Care Facilities are required to submit Alternate Source of Power Source Assessments.
3	Contact	User enters facility authorized agent that HCAI/OSHPD will communicate with while reviewing the submittal.
4	Professionals	User identifies Licensed Professional that assisted in preparing the documentation specific to the application. eCA auto-populates the information after searching licenses number.
5	Application Information	Application Name and Scope are auto-populated. No data entry by user is required. This page is not visible to the end user.

6	Compliance Checklist	The compliance checklist is used to provide an assessment of specific conditions for the facility to determine general compliance, requirements for documentation required for the assessment.
7	OSHPD Building #s	User identifies the OSHPD building number for each building at the facility. Visit Facility Details web page.
8	Heating Equipment	User identifies each heating system used at the facility.
9	Cooling Equipment	User identifies each cooling system used at the facility.
10	Generator(s)	User identifies each generator system used at the facility.
11	Alternate Power	User identifies each alternate power system used at the facility.
12	Attachments	User uploads attachments such as site plans, documentation for proposed remediation, and other documents.
13	Facility Authorization	User enters a valid Facility PIN code. Usually entered by Facility Representative but may be entered by any user with the valid PIN.
14	Payment Options	User selects one of the two application fee payment options: “Pay Now” or “Invoice Me”.
15	Review	User reviews the data entered on the application for accuracy; edits can still be made if necessary.
16	Pay Fees	If user selects the “Pay Now” option, user pays the outstanding fee by credit card online.
17	Confirmation	Application submitted to HCAI. eCA issues a record ID number. User prints summary sheet or payment receipt as needed.

2.2 Basic rules of page flow

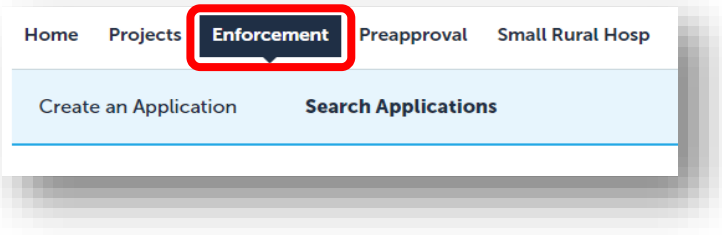
Below are some basic rules of submitting an application using the eCA page flow:

- ✓ To start creating an application for a new assessment, or to resume an existing in-progress application, user must start from the first page flow step.
- ✓ User can navigate back and forth within the completed pages.
- ✓ User must click on “Continue Application” or “Save and Resume Later” button to save the data entered on the page.
- ✓ If a page contains a section that allows for multiple records to be added, for example multiple licensed professionals or multiple contacts, user must click the “Save” button in the section to save each professional/contact to the record to add the next.
- ✓ It is recommended that user clicks the “Save and Resume Later” button as needed to prevent data loss due to data entry errors.
- ✓ If any required data is missing from the page, when the “Continue Application” button is clicked, an error message is displayed on the top of the page. User must correct any errors before continuing to the next page flow screen.

2.3 Create and Submit an SNF-ASP

The following information will guide users through the steps necessary to create an application for an Alternate Source of Power Assessment (or SNF-ASP).

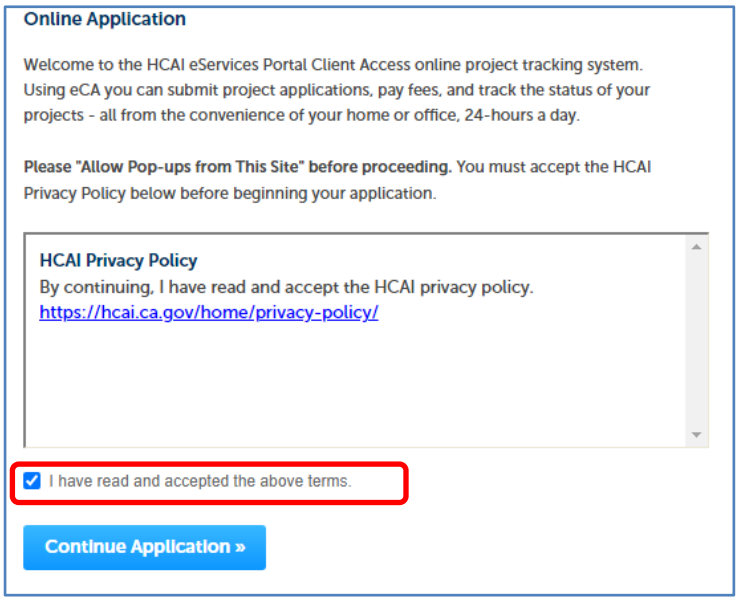
If you do not have an eClient Access login, click the "**Register for an Account**" link on the eClient Access site at https://esp.oshpd.ca.gov.



Step 1. **Start Create an SNF-ASP**

Only registered users may create an Application for Alternate Source of Power Assessment. Begin by clicking on the "**Create an Application**" link under **Enforcement** module.

Note: If you have already submitted a SNF Assessment and received the results of the review and project(s) to bring into compliance have been completed and you are submitting a follow-up assessment application, see Appendix C for creating an amended application.

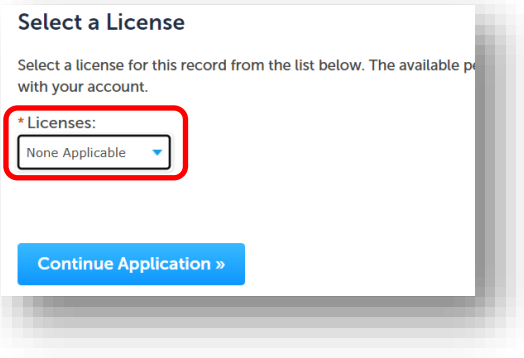


Step 2. **Accept HCAI Privacy Policy**

Step 3. Click on the link in the window to review the privacy policy. Check "I have read and accepted the above terms" then click on "**Continue Application**" button.

Step 4. **Associated License**

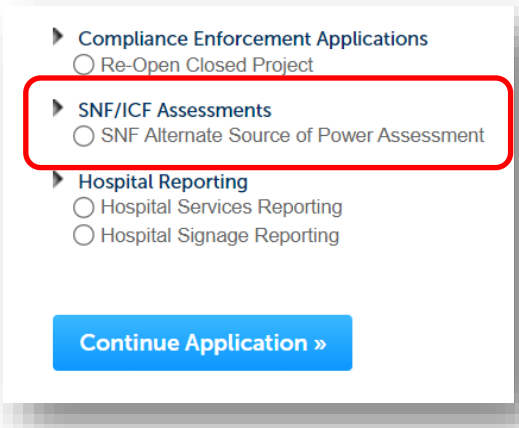
If prompted for a license associated to your user account, select "None Applicable" since professionals are optional.

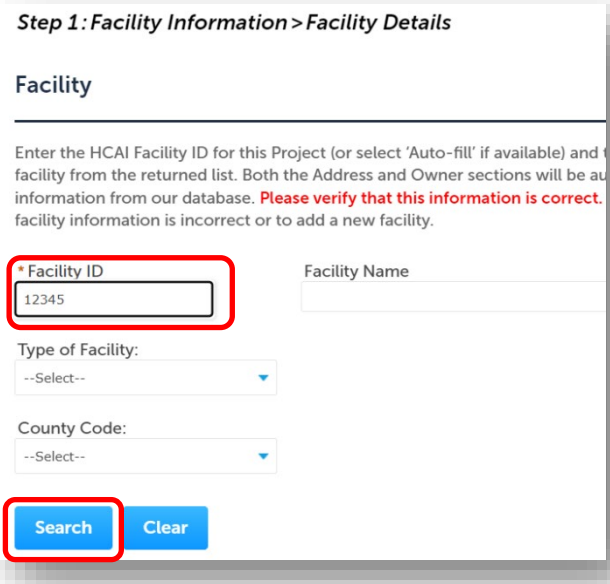


Step 5. **Select Record Type**

Select the "**SNF Alternate Source of Power Assessment**" then click on "**Continue Application**" button. SNF Alternate Source of Power Assessment is intended for Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities; if your facility does not meet this criteria, you will receive an error message when you proceed**.**

Click "**Continue Application**".





Step 6. **Enter Facility Information**

Enter the HCAI Facility ID or Facility Name then click on "**Search**" button. If the facility is found, the facility information, address, and owner fields will be automatically populated and become read-only.

Notify HCAI of any errors.

To search for another facility or reset and start over, click on "**Clear**" button in Facility, Address and Owner section (shown on next page). This clears the previous entered facility. Once the correct facility is selected, to advance to the next page flow step, click on "**Continue Application**".

Step 1: Select Facility > SNF or ICF

* indicates a required field.

Facility

Enter the HCAI Facility ID of the Skilled Nursing Facility / Intermediate Care Facility for this application and then click on the Search button (or select 'Auto-fill' if available). Select the correct facility from the returned list. Both the Address and Owner sections will be automatically completed with the current information from our database. **Please verify that this information is correct.** Contact HCAI at eserv@hcai.ca.gov if the current facility information is incorrect or to add a new facility.

Only Skilled Nursing and Intermediate Care Facilities are required to submit an assessment. If your facility is not a Skilled Nursing or Intermediate Care Facility, you will not be permitted to continue.

*Facility ID: 20005
Facility Name: Windsor Chico Care Center
Responsible Region: North Region
Type of Facility: Skilled Nursing and Interm. Care Fac
Geographic Region: North Region
County Code: 04 - Butte
RCO: JLABRIE
ACO: CCERVANTES
DSE: NSTEPT
Field FLSO: JTRUMBAUER
Senior Architect: DHARRIS
Plan Review PT: SACPT1
Closure PT: SACPT2

Search | Clear

Address

*Street No.: 188
*Street Name: Cohasset Ln
City: Chico
State: CA
*Zip: 95926

Search | Clear

Owner

Auto-fill with 10039 - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

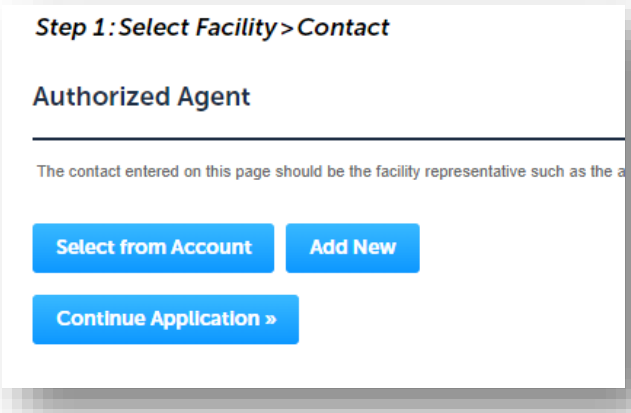
Owner Name: 20005 - WINDSOR CHICO CARE CENT
Address Line 1: 9200 W SUNSET BLVD., SUITE 725
City: WEST HOLLYWOOD
State: CA
Zip: 90069-
Phone:
E-mail:

Search | Clear

Continue Application » | Save and resume later

Clearing Searched Results

Step 7. **Enter Contact**

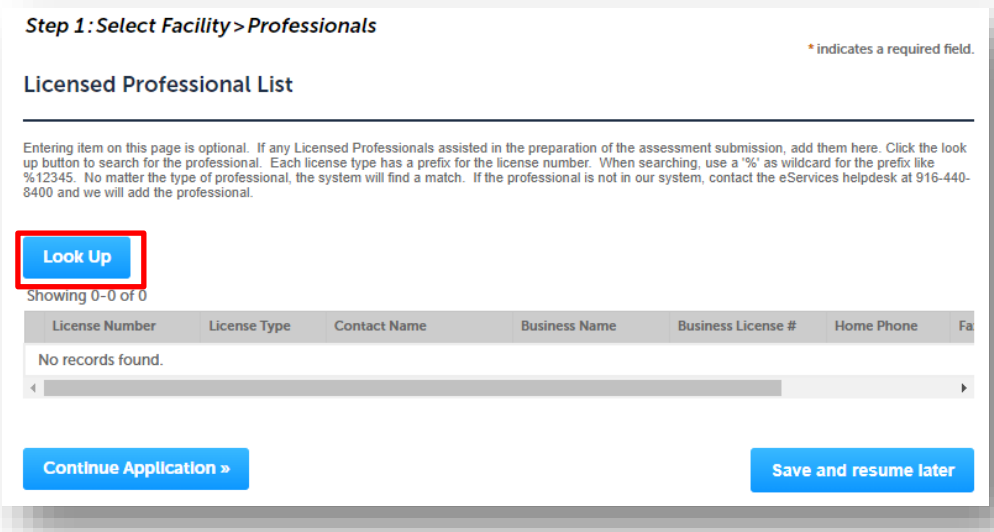


A Contact is the individual representing the Facility to whom correspondence will be copied. Unlike adding Licensed Professionals, a search function is not available for Contacts. If the logged in user is the contact, click "Select from Account" add the contact. If the logged in user is not the contact, click "Add New" to enter the information. Click Continue to return to application.

Missing data from required fields must be completed to continue the application.

When entered, click on "**Continue Application**".

Step 8. **Enter Licensed Professionals**



If a Licensed Professional (LP) assisted in the preparation of the documentation for the submittal, the license can be added. This is optional.

To obtain the best search results, limit the number of fields in the search. For instance, enter only the license number and leave all other fields empty. Click "**Lookup**" to search for the license number. Use a '%' as a wildcard for the license number prefix like "%1234". If you do not know the LP's license number, enter the license type and last name only and then click **Look Up**. The search results will return all LP's with that last name. If the search returns no results, the LP is not currently in our database. Contact HCAI at eserv@hcai.ca.gov or 916-440-8400 to add a new LP or update an existing LP to our database.

If the search results in a single record, the LP, Contractor or IOR will be added to the application; if the search results in more than one record, locate the correct LP in the returned list then check the box adjacent to the License Number and click Continue. The LP's name, address, and other information will be automatically populated with the current information from our database.

While not mandatory, HCAI recommends the facility consult with a California-licensed engineer to assist in the review of the code compliance checklist herein below. In this manner, the facility will have a better understanding of the scope of work that may be required for a code compliant.

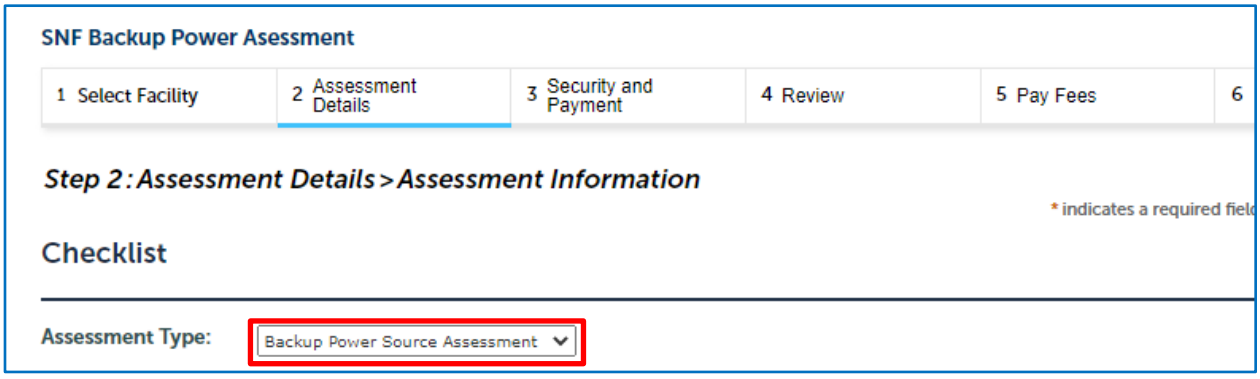
Step 9. **Application Name and Scope**

The record name and scope are auto populated by the system and are not display on the submission page. This merely to let you know about the auto-populate.

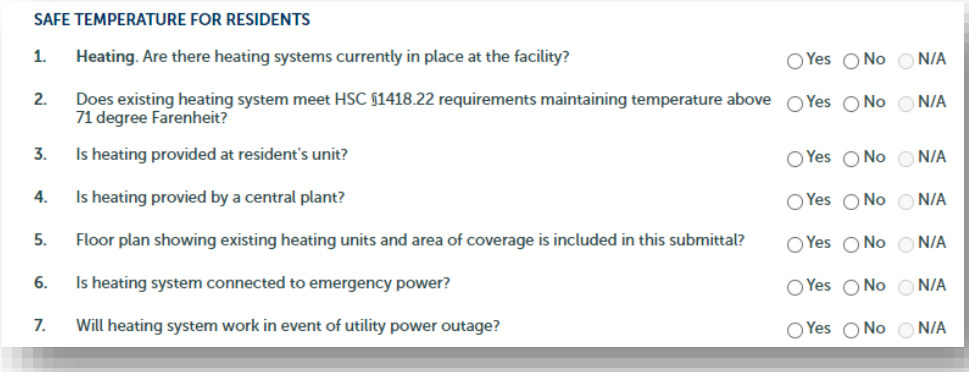
Step 10. **Complete the Compliance Checklist.**

Complete **Alternate Source of Power Assessment** checklist to provide an assessment of specific conditions for the facility with regards to emergency power. All questions must be answered and based on the answers provided, eCA will indicate if the facility is compliant. Once submitted, HCAI/*OSHPD* will verify compliance using submitted documents and the checklist. If additional work is required to bring the facility into code compliance, the result of the assessment process will provide next steps.

Begin by selecting the Assessment Type.



The assessment questions will display and a Yes, No or N/A can be selected (N/A is not available for all questions).



As you select the answer to each question, a summary of the remaining questions is displayed at the bottom of the checklist.

Please answer questions: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33,

As questions are completed, requirements resulting from the answers entered will display at the bottom of the checklist. These requirements might be for the documentation required for the submittal or requirements for bringing the facility into compliance.

Requirements based on answers entered:

13. Floor plan showing existing cooling units and area of coverage must be submitted with this applicatioin.

25. Submit documentation with proposed remediation to bring facility in compliance with HSC 1418.22 requirements for Life-saving equipment.

Upon completion of the questions in the compliance checklist, a green success banner will be displayed, or an alert banner will inform you that the checklist indicates non-compliance. HCAI/OSHPD staff will perform a detailed review of the assessment submittal.

Success. Your project is qualified to apply for an expedited building permit.

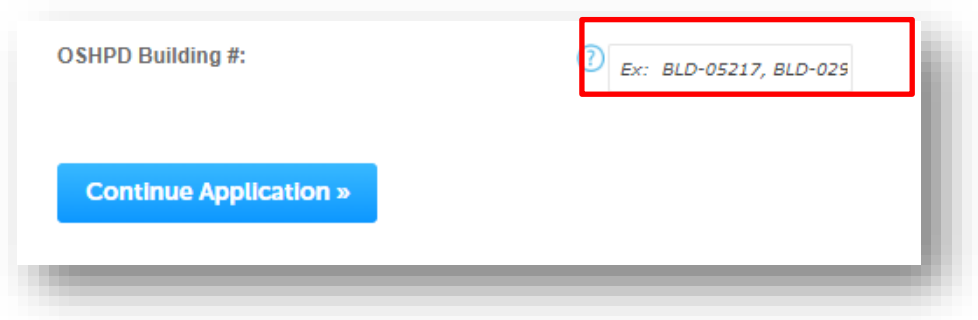
OR

Based on the answers entered, the facility is not compliant with HSC 1418.22 requirements for Backup Power Source. HCAI/OSHPD will review this submission and determine compliance. If determined non-compliant, remediation to bring the facility compliant will be necessary. The determination letter you receive at the completion of this assessment will detail non-compliant items.

Note: See Appendix A for a list of questions from compliance checklist. You can determine compliance and identify items that will require documentation needed for submission with the application.

Step 11. **OSHPD Building Number**

On the same page as the checklist, enter the OSHPD building number. For multiple buildings, separate with commas. Visit Facility Details web page to determine the number and type of buildings at each facility. If other buildings exist at the facility that do not have a building number, contact SeismicComplianceUnit@hcai.ca.gov. Building numbers will be issued for those buildings.

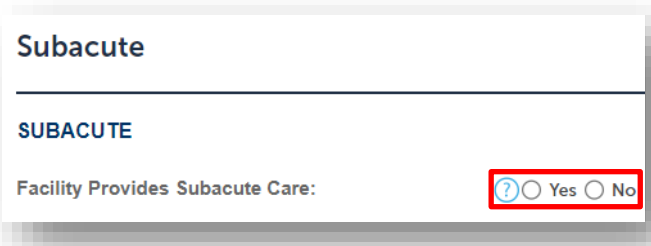


Click on "**Continue Application**" to proceed to the next page flow screen.

Step 12. **Subacute Patient Care**

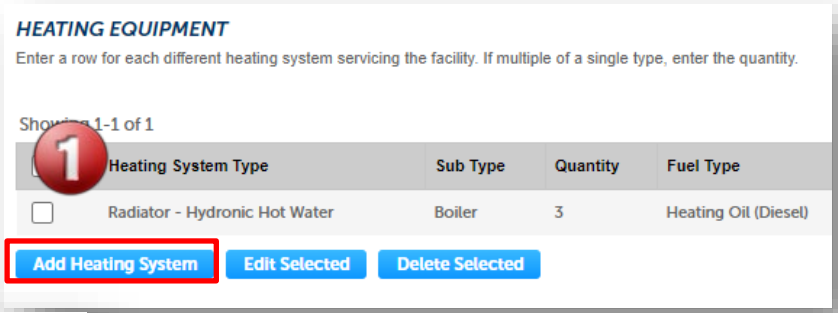
Enter Yes or No for whether the facility provides subacute patient care services.

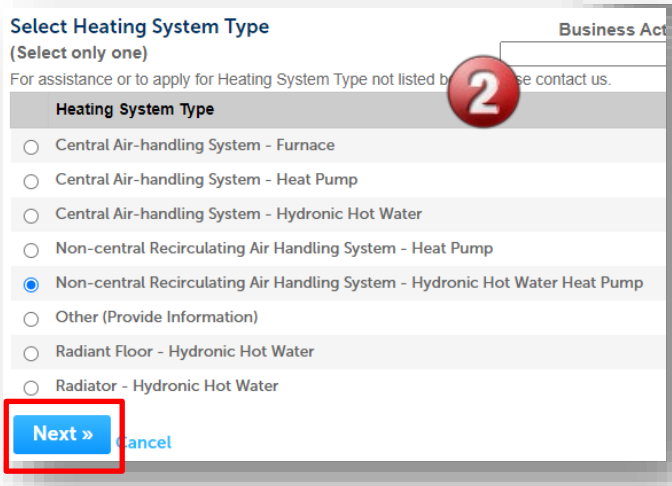
Note: If subacute patient care is provided, a generator is required for the Essential Electrical System power source. Other power source solutions are acceptable for the Essential Electrical System power sources for non-subacute SNF facilities.



Step 13. **Heating Equipment**

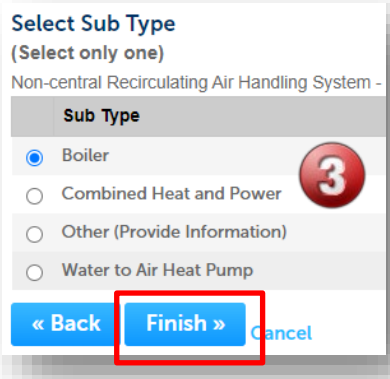
Enter a row for each type of heating system in use at the facility. Click "**Add Heating System**" to begin the entry.

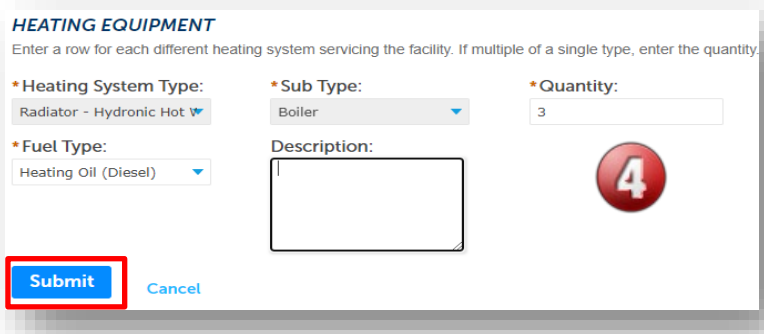




You will be prompted for Type and Sub Type. Selecting a Type limits available items in Sub Type. Click "Next".

Select Sub Type and click "Finish" to save entry.



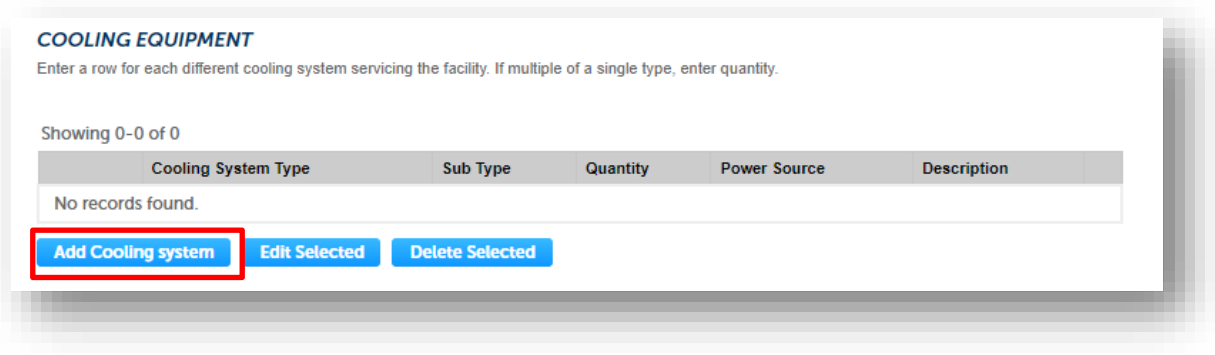


Once selected, enter remaining required fields and click "**Submit**".

To enter more Heating Systems, click the "**Add Heating System**" to add a new row.

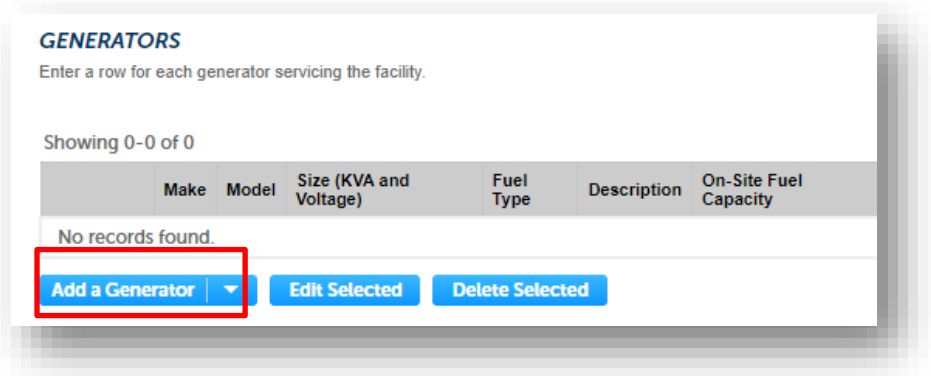
Step 14. **Cooling Equipment**

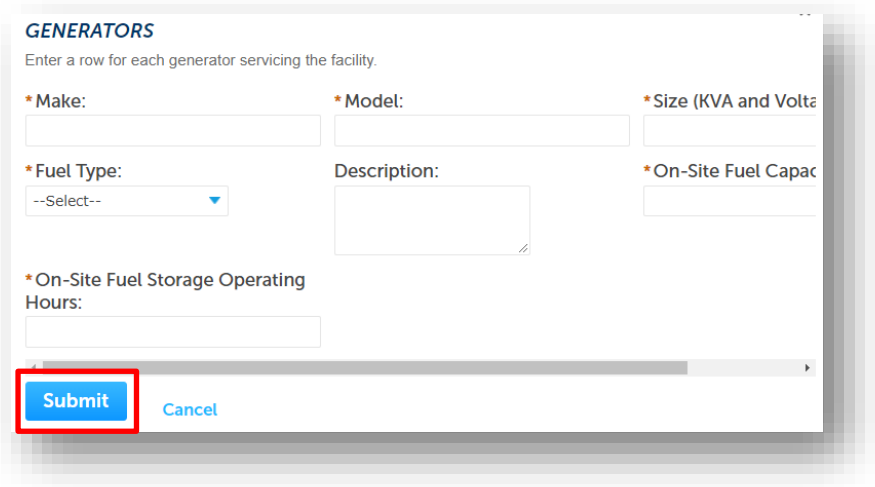
Enter a row for each type of cooling system in use at the facility. Click "**Add Cooling System**" to begin the entry. Similar to Heating Systems, you will be prompted with a list of cooling Types and Sub Types. Select appropriate items and complete remaining fields. Click "Finish" to save cooling system row. To add another cooling system, click "**Add Cooling System**".



Step 15. **Generator(s)**

Click "Add Generator" to enter a row for each generator at the facility.





Enter required fields. Click "**Submit**" to complete the row.

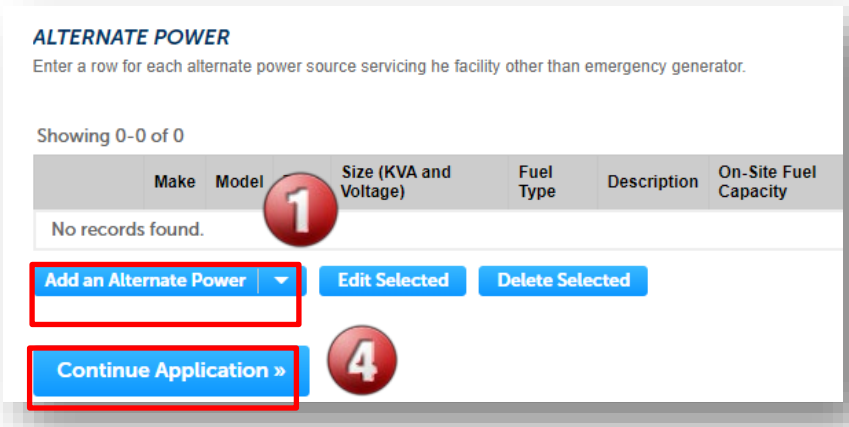
You may need to scroll to the right to see all fields.

To add another generator, click "**Add Generator**".

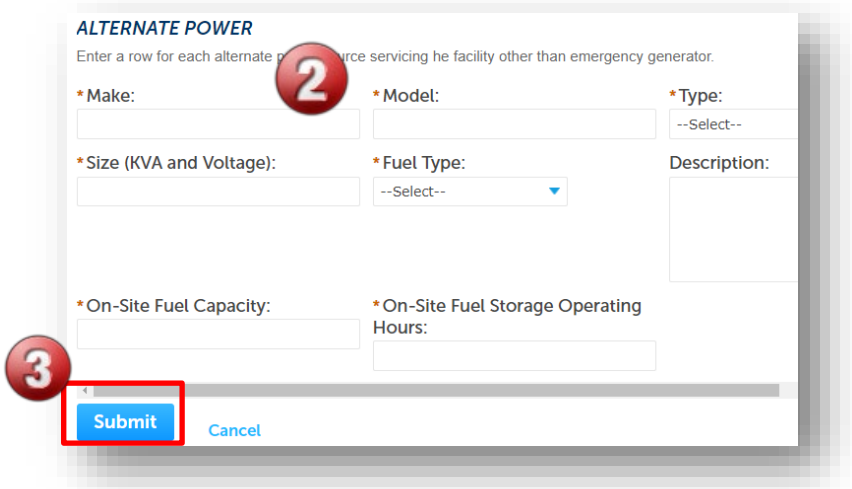
Step 16. **Alternate Power Source(s)**

Enter a row for each alternate power source (excluding generators) that are in use at the facility. Click "**Add an Alternate Power Source**" to begin a row.

Note: If no alternate power source exists, do not add a row. If a required value is unknown, enter "None" or "Unknown".



Enter required data and click "**Submit**" to save. Click "**Add an Alternate Power Source**" to begin another row if multiple alternate power sources exist at the facility.

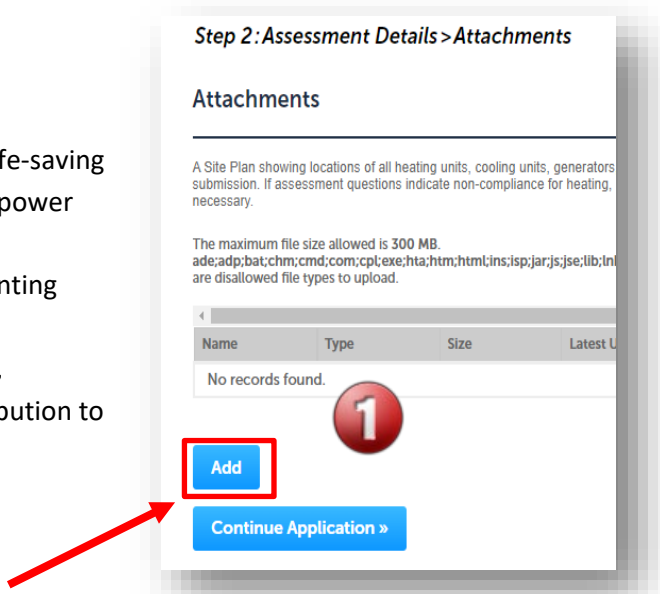


When finished added alternate power sources, click "**Continue Application**" to view the Attachments page.

Step 17. **Attachments**

Required Documents are:

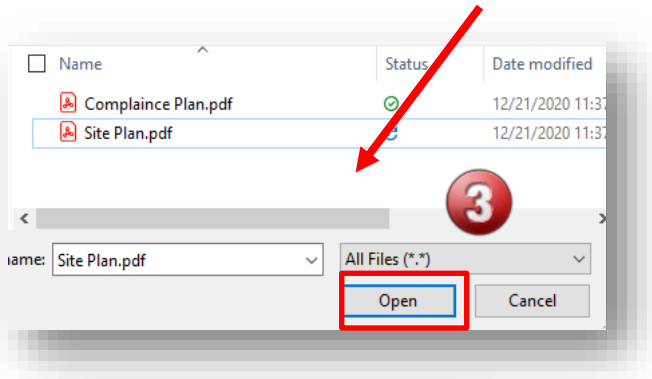
- A Floor Plan showing location of heating, cooling, , life-saving equipment, oxygen device generator, and alternate power sources and the coverage area for each.
- A Facility Report substantiating compliance or presenting proposed remediation of non-compliant systems.
- Electrical Single Line Diagram showing utility service, emergency and alternate power source(s) and distribution to HVAC equipment, lifesaving equipment, and oxygen generating device(s).

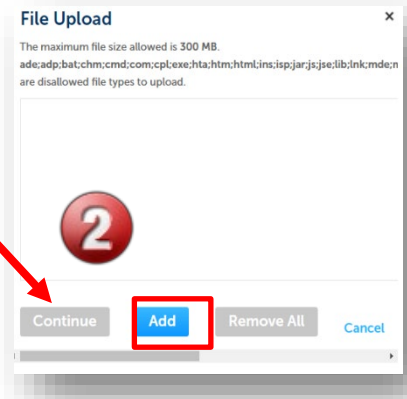


To add an attachment, click "**Add**".

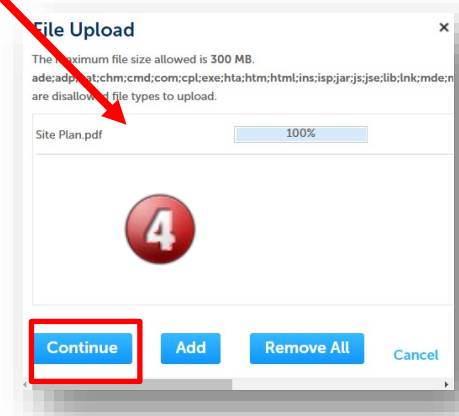
On the next window, click "**Add'** to navigate to find the files.

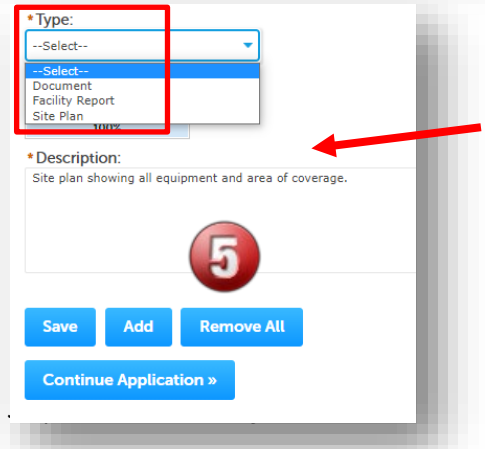
Select one or more files and click "**Open**".





Once each file is uploaded 100%, click "**Continue**".





Select document type and enter description. Click "**Save**".

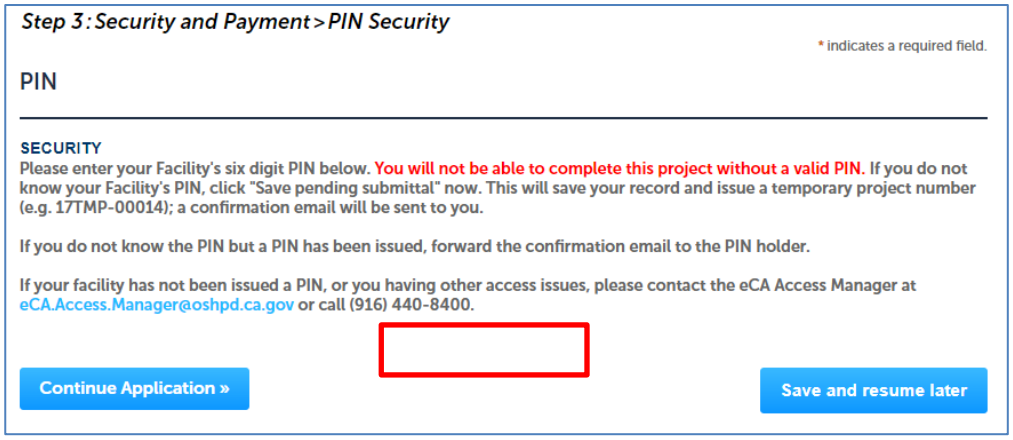
Repeat 1 thru 5 to add more documents.

Then, click "**Continue Application**"

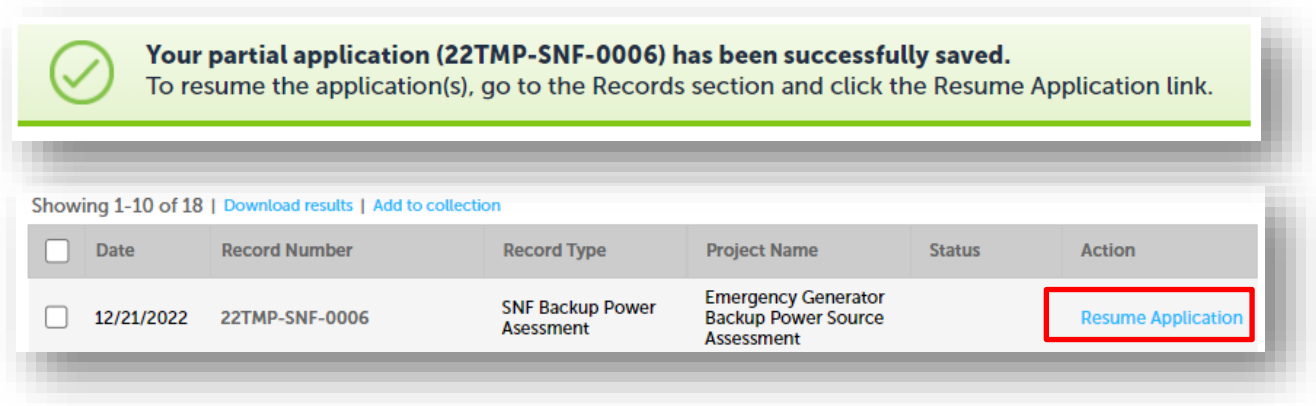
Step 19. ***Facility PIN Before entering the Facility PIN Code, it is recommended that you have clicked on "Save and Resume Later" at least once!***

If you are authorized by the facility and have obtained a valid Facility PIN, enter it on the screen, then click on "**Continue Application**" button to proceed to the next page flow screen.

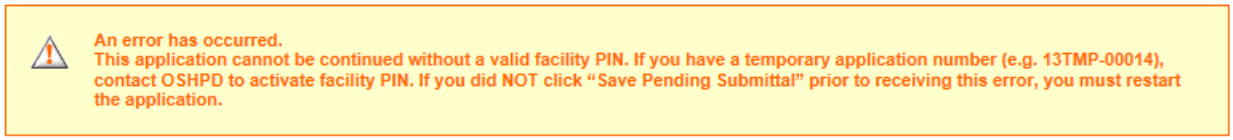
If you do not have a valid Facility PIN code, click on "**Save and Resume Later**" button to save the record.



If you click the "Save and Resume Later" button, the application process stops, and user is redirected to the record List page. eCA issues a temporary Project ID and displays the application in user's record list. Users can "**Resume Application**" at a later time.

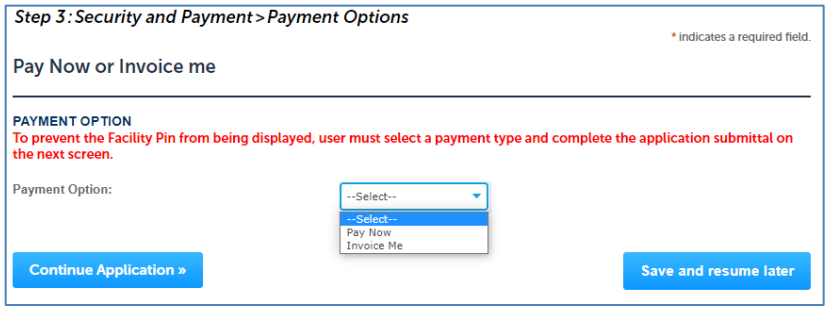


If user enters an invalid Facility PIN, eCA displays an error message and prevents user from proceeding to the next screen. The application will be locked. Click "**Save and Resume Later**" and when resumed, select "**Start from Beginning**



Step 20. **Select Payment Option.**

After entering a valid Facility PIN, a $250.00 application fee is assessed to the application. The user can select one of the two payment options. The description of each payment option is as follow:



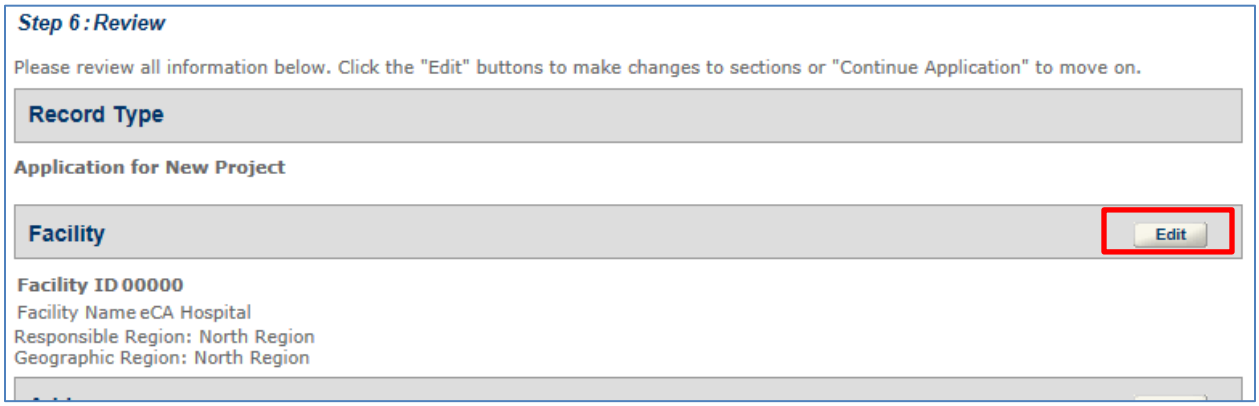
- **Invoice Me**: HCAI will mail an invoice to the facility billing address on file.
- **Pay Now**: facility intends to make an immediate online payment using a credit card on the next screen before the application is submitted.

If user does not select a payment type and proceeds to complete the application, the Facility PIN will be visible on the review page to any authorized user when the application is resumed later. To prevent the Facility PIN from being displayed, user must complete this step by selecting a payment type and completing the application. When this step is completed, the Facility PIN is hidden from all users.

Click on "**Continue Application**" to proceed to the next page flow screen.

Step 21. **User reviews the data entered and makes edits if needed.**

On this screen, user can click on "Edit" button in each application step to make necessary changes.



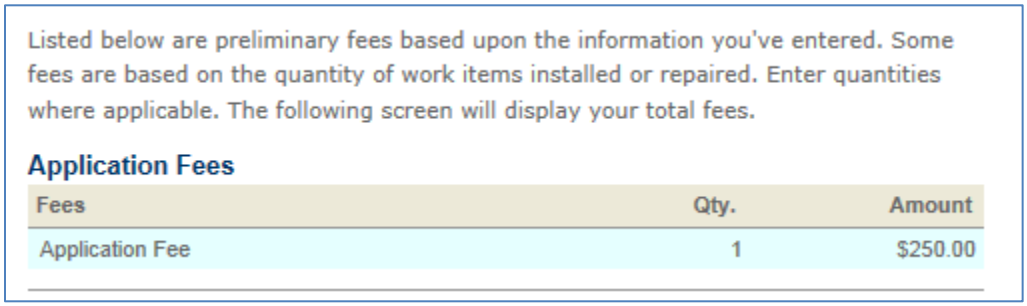
Once all data is verified, click on "**Continue Application**" to proceed to the next page flow screen.

If user selected "Invoice Me" option, skip to step 22 below.

Step 22. **Pay Application Fees online.**

If user selected "**Pay Now**" option, this screen displays the application fee of $250.00 to be paid with a credit card.

If user selected "**Invoice Me**" option, this screen displays fees due as $0.00 and no payment is necessary at this time.

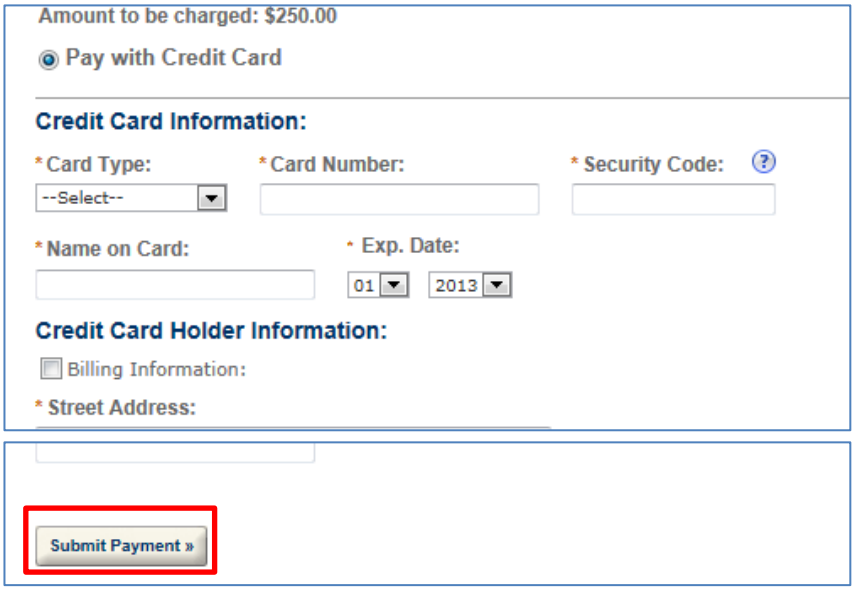


Click on "**Continue Application**" to proceed to the payment screen.

Step 23. **Submit online payment. (If Pay Now is selected)**

Note: The fees for an Alternate Power Source Assessment include a $250.00 application fee (non-refundable) and Time and Materials fees for review hours for each discipline.

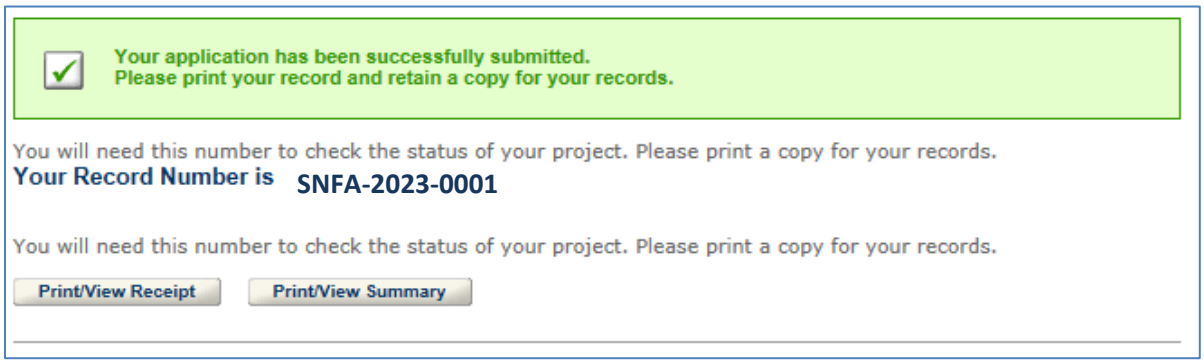
On this screen, enter the accurate credit card information then click on "**Submit Payment**" button.



*Step 24.***Submission confirmation.**

On this final screen, eCA displays a project submission confirmation including the record number. User can print a record summary from this screen, and if the fees were paid with a credit card, a payment receipt can be printed. These documents are in PDF format and may be saved or emailed. User can view the detailed information about the project by clicking on "**View Record Details**" button.

Email confirmation is automatically sent to the public user that started the application and to the public user that approved the application (Owner Representative).



Note: The fees for an Alternate Power Source Assessment include a $250.00 application fee (non-refundable) and Time and Materials fees for review hours for each discipline.

Congratulations! You have successfully submitted an Application for Alternate Source of Power Assessment to HCAI!

To the right is an example of the submission confirmation email sent by the system.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

Project Number: S131881-19-00
Project Type: Application for New Project
Parent Project Number:
Facility: 13333 - Henry Mayo Newhall Memorial Hospital

Project Description: HMNMH ED Medicine Room Conversion
Convert existing emergency department clean utility room to medicine room

Submittal Type: Final
Kind of Project: Remodel
OSHPD Building #:

Primary Professional/Phone Number: Stephen C. Wen, (626) 793-9805
Primary Contact Name/Phone Number: John V Schleif, (661) 200-1026

Cost Type	*Cost Date*	*Construction Cost*	*Fixed Equipment Costs*	*Total Cost*	*Cost of Imaging*	*Reason*
Estimated	08/26/2013	$45,000.00	$0.00	$45,000.00	$0.00	amount on new project application

Enclosures:

# of Copies	*Enclosure Type*	*Description*	*Date Sent*	*Method of Transmittal*	*Courier Name*	*Backcheck*	*Attached*
1	Application for New Project						_____
1	Plans						_____
1	Testing, Inspection and Observation Program (TIO)						_____

Please include this transmittal with your construction documents when submitting to OSHPD. This Project Application Summary form replaces the paper application; it is not necessary to include the paper application when project applications are created using eClient Access.

IMPORTANT: Until the PIN is entered and the application submission is complete, the application is considered a Temp record. Temp records are purged from the system after 30 days. Thus, it is recommended that you collect the information needed for submission before beginning the online application.

3 Appendix A

The compliance checklist questions are shown below to allow you to determine any items that are not compliant and require proposal for remediation within the assessment submission.

SNF Alternate Source of Power Source Assessment			
Section	**Topic**	**Number**	**Question**
Safe Temperature for Residents	Heating Equipment	1	Are there heating systems currently in place at the facility?
		2	Does the existing heating system maintain the resident space at or above 71F when utility power is reliable?
		3	Is a floor plan showing existing heating units and area of coverage included in assessment submittal?
		4	Is heating system equipment connected to emergency power system?
		5	Is the heating system equipment connected to an alternate power source (not emergency generator)?
		6	Will the electrical components of heating system work in event of utility power outage?
	Cooling Equipment	7	Is mechanical cooling equipment provided at the facility?
		8	Does the existing cooling system maintain the resident spaces at or below 81F when utility power is reliable?
		9	Is a floor plan showing existing cooling units and area of coverage included in assessment submittal?
		10	Is cooling system equipment connected to emergency power? (i.e. emergency generator)
		11	Is the cooling system equipment connected to an alternate power source (not emergency generator)?
		12	Will cooling system work in event of utility power outage?
Life-Saving Equipment	Ventilators	13	Are there ventilators using 120V for operation/charging at the facility?
		13a	Are the ventilators connected to emergency power?
		13b	Will the ventilators work in event of utility power outage?
	AEDs	14	Are there automated external defibrillators (AED) using 120V for operation/charging at the facility?
		14a	Are the AED connected to emergency power?
		14b	Will the AED work in event of utility power outage?
	Crash Carts	15	Are there Crash Carts using 120V for operation/charging at the facility?
		15a	Are the Crash Carts connected to emergency power?
		15b	Will the Crash Carts work in event of utility power outage?
	Other Equipment	16	Are there other life-saving equipment at the facility?
		16a	Are the other life-saving equipment connected to emergency power?
		16b	Will the other life-saving equipment work in event of utility power outage?

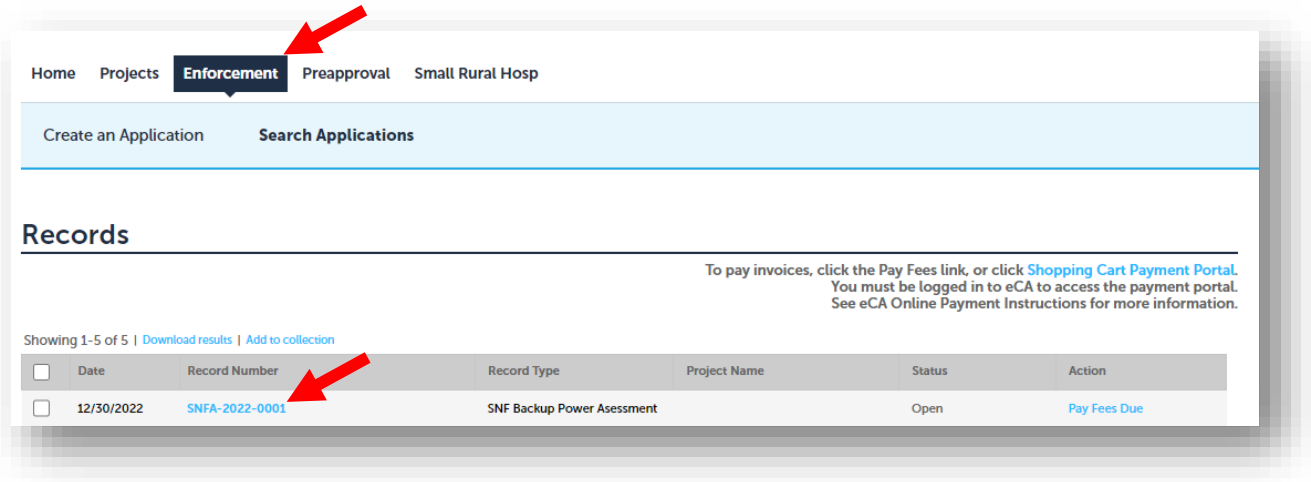
Section	Topic	Number	Question
Oxygen-Generating Devices	Concentrators	17	Are there Concentrators using 120V for operation/charging at the facility?
		17a	Are the Concentrators connected to emergency power?
		17b	Will the Concentrators work in event of utility power outage?
	Positive Pressure Apparatus	18	Are there Positive Pressure Apparatus (PPA) using 120V for operation/charging at the facility?
		18a	Are the PPA connected to emergency power?
		18b	Will the PPA work in event of utility power outage?
	Oxygen System	19	Does the facility utilize an on-site, large-scale oxygen generating systems?
		19a	Are the oxygen generation devices connected to emergency power?
		19b	Will the oxygen generation devices work in event of utility power outage?
Existing Generator(s)	Emergency Generator(s)	20	Does your facility currently have a permanent on-site emergency generator?
		20a	Does the emergency generator have 96 hours of on-site fuel storage?
		20b	Does the emergency generator have a minimum of 6 hours of on-site fuel storage?
		20c	Does the facility have a fuel delivery agreement to supply the generator(s) with fuel to comply with the 96 hours operational requirements of HSC 1418.22?
Existing Alternate Power Source	Alternate Power Source (DER)	21	Does your facility currently have a permanent on-site alternate power source (not including emergency generator)?
		21a	Does the alternate power source backup the entire normal service?
		21b	Do all components of the alternate power source have special seismic certification?
		21c	Does the alternate power source have 96 hours of on-site fuel storage?
		21d	Does the alternate power source have a minimum of 6 hours of on-site fuel storage?
		21e	Does the facility have a fuel delivery agreement to supply the alternate power source with fuel to comply with the 96 hours operational requirements of HSC 1418.22?
Existing Systems	Equipment	22	Is an electrical single line diagram provided in submittal showing utility service, emergency and alternate power source(s) and distribution to HVAC equipment, life saving equipment, and oxygen generating device(s)?

Appendix B

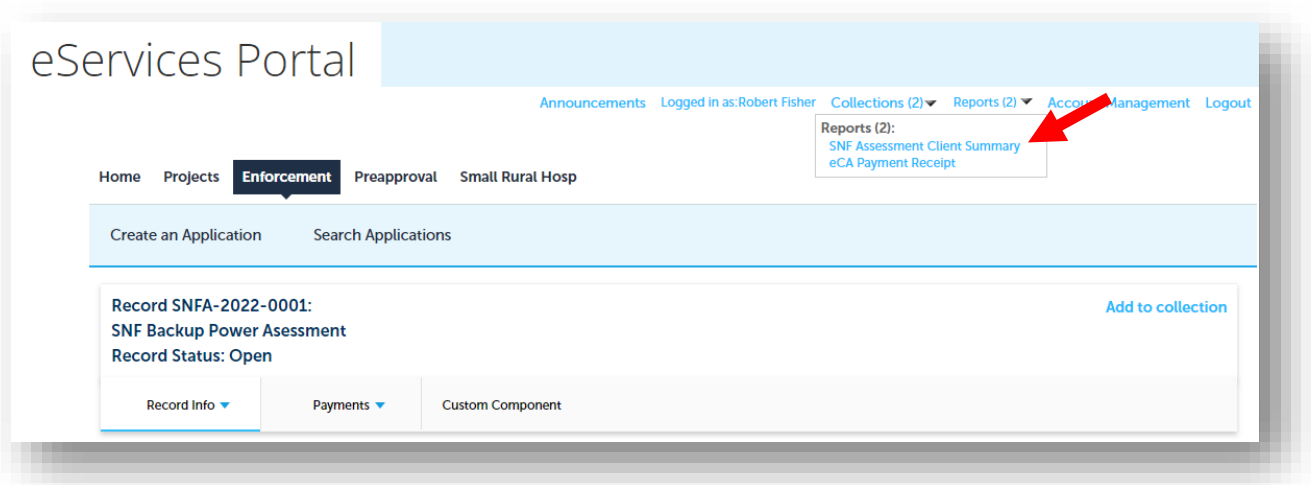
(Printing Report Summary)

After the application is submitted, you can print a report that shows the questions, your answers and any requirements based on the answers provided. Plus, the details entered for Heating, Cooling, Generators and Alternate Power.

Step 1. **Select Assessment Record** – When you are logged into eCA and you select the "Enforcement" module, a list of applications you have submitted are displayed. Click the record number to navigate to the record details.



Step 2. **Select Report from drop down** – Viewing the record details you will see a Reports link on the upper right of the page. Clicking the drop down you will see a report named "SNF Assessment Client Summary". Select the report to generate the report in PDF.



Step 3. **Report is generated** – When the report is generated, you will see the information you entered.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
Office of Statewide Hospital Planning and Development

Created on 12/30/2022 11:26 PM

SNF Backup Power Source Assessment

Record Record#: SNFA-2022-0001
Assessment Type: Backup Power Source Assessment
Scope:

Facility: 00000 - No Facility - System use only
1234 Facility Address, Facility City, CA 99999

Heating Equipment

Heating Type	Sub Type	Fuel Type	Quantity	Description
Central Air-handling System - Heat Pump	Not Applicable	Heating Oil (Diesel)	2	

Cooling Equipment

Cooling Type	Sub Type	Power Source	Quantity	Description
Natural Ventilation (Windows)	Not Applicable	Other (Provide Information)	22	22 rooms have large windows

Generator Equipment

Make	Model	Fuel Type	KVAVoltage	Fuel Capacity	Fuel Run Time	Description
Generac	RG06024ANAX	Dual Fuel (Natural Gas and Propane)	60000 watts - 120/240 Single-Phase	150	6	

Alternate Power Source

Make	Model	Fuel Type	KVAVoltage	Fuel Capacity	Fuel Run Time	Type	Description

And, the question along with the answers you entered and any requirements for action need are included.

Compliance Checklist Summary

No.	Question	Answer	Requirements
1	Are there heating systems currently in place at the facility?	Yes	Floor plan(s) showing existing heating units and area of coverage must be submitted with this applicatioin.

Note: Depending on your PDF viewer, you can print or save the report results.

Appendix C

There are two possible outcomes to the assessment:

- Facility is determined compliant with HSC 1418.22
- Facility is determined non-compliant with HSC 1418.22.

If a facility is determined to be compliant with HSC 1418.22, the assessment application information is forwarded to CDPH for concurrence of determination. If CDPH concurs, the HCAI/OSHPD involvement is complete, and the assessment application is closed with compliance. CDPH is responsible for regulating and surveying of health care facilities.

If a facility is determined to be non-compliant, the assessment application is closed without compliance and remediation of non-compliant systems must be submitted to HCAI/OSHPD in the form of construction projects utilizing Application for New Project via the eServices Portal electronic project tracking. Once all construction projects are complete and closed in compliance, the facility will submit a new *SNF Alternate Source of Power Assessment* application with documentation to substantiate assertions of compliance by the facility. If determined to be compliant, notification to CDPH requesting concurrence as state above.

If a facility is determined to be non-compliant after construction projects are closed and an additional *SNF Alternate Source of Power Assessment* is submitted, further construction projects will be needed to bring the facility into compliance with 1418.22.

To submit revised *SNF Alternate Source of Power Assessment* applications, follow the steps on page 4 of this user guide.