

2009 Senior Care Energy Survey

Now more than ever, senior care communities are struggling with higher energy costs. The U.S. Energy Information Administration forecast that electricity prices will climb an average of 9.8% in 2009, due to increased costs of generating power.

To help understand energy use in senior care communities and begin to formulate strategies for energy conservation, we are issuing our first ever energy survey of senior care communities. Everyone who completes the energy survey will be invited to a series of webinars where we will share survey findings including average energy consumption, costs, fuel sources, services that are correlated with the consumption of large amounts of energy, and more.

We will also share the results of this survey with the U.S. Environmental Protection Agency (EPA) and work with them to create an ENERGY STAR® rating for senior care communities, just as they have done for other building types like hospitals and medical offices. The success of our efforts will largely depend upon our member's response rate so please set aside some time to complete this important survey! We believe expanding the ENERGY STAR rating system to include senior care communities would greatly benefit providers by giving maintenance managers a better understanding of their energy use and the ability to track and evaluate the effectiveness of operations and technical conservation strategies. Top energy saving communities could even become recognized by the EPA for environmental leadership. All data will be shared anonymously with EPA.

Instructions

- Please have this survey filled out by your community manager, maintenance manager, physical plant coordinator or maintenance coordinator.
- Assemble basic information about the community prior to filling out the survey including: square footage and fuel consumption data, including both energy costs and actual consumption.
- Base all responses on community operating characteristics and energy data from the 12 month period covering **August 2008 through July 2009**.
- If your community is a multiple building campus, all your responses should represent the aggregate of all buildings on campus.

The deadline for completing this survey is **December 31st, 2009**. Submit this survey by email to ENERGYSTARHealthcare@icfi.com. Any questions you have about this survey can also be sent to this email address for a response.

Thank you for your time in completing this survey!



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CONFIDENTIAL CONTACT INFORMATION

1. Please provide your name and contact number in case we have follow up questions and/or need to collect missing information. We will also notify you of any updates regarding the results of this data collection. Your contact information will not be published.

Contact Person _____

Telephone Number _____

Email Address _____

Company _____

Community Name _____

BUILDING INFORMATION

2. Community Main Phone Number: _____

3. Please indicate the year in which the building was first built. If you have a multiple building campus, please enter the year in which the majority of the square footage on the campus was built. _____

4. Zip Code of Property: _____

5. Located in: ___ Urban ___ Suburban ___ Rural

6. Is this property licensed, certified, and/or registered under state regulations? ___ Yes ___ No

7. Is your property "purpose built" construction (i.e., the intended use of the original construction is the same as its current use)? ___ Yes ___ No

8. This property is:

Check one: ___ For-profit ___ Not-for-profit

Check one: ___ Publicly-held ___ Privately-owned

___ Government Sponsored

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9. What is the total gross floor area (in square feet) of all the space in this building or all the buildings on your campus? (Total gross floor area is measured between the principal exterior surfaces of the enclosing fixed walls. It includes all supporting functions such as: hallways, basements, stairways, connecting corridors between buildings, wellness centers, exam rooms, community rooms, staff offices, lobbies, atria, cafeterias, kitchens, storage areas, and elevator shafts. Total square footage does not include parking garages or lots).

10. Please select the option that most closely resembles your senior care community (please check one):

- A single building for which my organization owns or manages 90% or more of the floor area (non-hospital)
- A portion of a single building for which my organization owns or manages less than 90% of the floor area.
- A single family style home that has been converted into a senior care residence.
- A campus comprised of multiple buildings on one site, (e.g. Continuing Care Retirement Community).
- How many buildings? _____
 - Is each building individually metered? Yes No
 - Your responses to the survey should be reflective of your entire campus.
- Other: _____

OPERATING CHARACTERISTICS

11. Please indicate which space use represents more than 50% of your total floor area?

- Assisted Living (AL):** Housing designed to meet the needs of persons who need help with activities of daily living, but do not need skilled medical care (e.g. medical care from physicians, nurses, etc.).
- Assisted Living / Dementia Care (DC):** Assisted living units designated for residents with dementia
- Skilled Nursing Facility (SNF) / Nursing Home:** A long term care facility that offers 24-hour room and board and healthcare services, including basic and skilled nursing care, rehabilitation, and a range of other therapies, treatments, and programs.
- Skilled Nursing / Dementia Care:** SNF units designated for residents with dementia
- Independent Senior Living:** Buildings/communities that may be "seniors only" or a retirement community. These buildings do not provide assistance with daily living activities but may offer amenities or communal dining facilities not typical in multi-family apartment buildings.
- Other _____
- None of the above. No single space accounts for more than 50%.

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12. Please complete the following table. For the average number of residents, please indicate the average number of residents of each occupancy type who inhabited the community from August 2008 to July 2009. The total number of units should include the total number of occupied and unoccupied units. If available, please provide the square footage of your community associated with each occupancy type.

A **unit** is defined as a place of residence or a room in which a resident or patient stays. If your community has apartment buildings, homes, or townhomes, then each apartment, home or townhome would count as a single unit. Do not include individual rooms within apartments, homes, or townhouses.

Occupancy Type	Total Number of Units	Total Resident Capacity	Average Number of Residents	Square footage (if available)
Assisted Living				
AL / Dementia Care				
Skilled Nursing Facility / Nursing Home				
Skilled Nursing Facility / Dementia Care				
Independent Living (apartments)				
Independent Living (single family home/townhouse): Same as the above except the building structures are townhouses or single-family home style.				
Other Senior Care (please specify: _____)				

For assistance in collecting this information, please see the Executive Director, Administrator, or whoever is in charge of Operations.

13. How many workers are present during the main shift? (Indicate the number of employees who are present during the main shift, which is the shift with the most number of workers. This is not the total number of employees or visitors who are in a building during an entire 24 hour period but rather represents typical peak staffing levels during the main shift. For example, if there are two daily 8 hour shifts with one shift of 15 and one with 10, the response should be 15). _____

14. How many computers do you have in your community? (This should include computers owned by the community such as computers in administrative areas, in common areas available for resident use and wall-mounted computers in resident units. Do not include personal computers in individual resident apartments or rooms.) _____

15. How many elevators do you have in your community? _____

16. Please indicate the total number of electronic residential lift systems you have: _____

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17. Please indicate how many of the following types of refrigeration units you have in your community.

- Total number of walk-in commercial refrigeration units: _____
- Total number of open commercial refrigeration cases: _____
- Total number of closed commercial refrigeration cases: _____
- Total number of residential refrigeration units, including those in common spaces as well as in residential units? _____

18. Please describe your on-site laundry facilities (Include washing machines and dryers in common areas and in individual residences. Please note that coin-operated, residential laundry machines are considered "residential" for the purposes of this survey. Commercial laundry units refer to larger washing or dryer machines used for commercial processing of linens, etc):

- Total number of residential washing machines: _____
- Total number of commercial washing machines: _____
- Total number of residential dryers: _____
- Total number of commercial dryers: _____

19. Please include a check box for all the following amenities/services available in your community:

- Coffee Shop/Bistro (small restaurant)
- Commercial kitchen for on-site cooking to provide meals to residents
- Auxiliary kitchens for resident use (not within the resident rooms)
- Fitness center
- Beauty salon / barber shop
- Pharmacy
- TV/entertainment room
- Individually controlled thermostats

20. Do you have a parking garage or parking lot? ___ Yes ___ No

If yes, please respond to the following:

- What is the total square footage of the enclosed floor area (i.e. space with a roof and walls)? _____
- What is the total square footage of the non-enclosed floor area (i.e. space with a roof but no walls)? _____
- What is the total square footage of open parking lots (i.e., space without a roof and walls)? _____
- How many hours per week are the parking garage and/or parking lot accessible? _____
- Is the energy consumption associated with the garage or lot included in the energy data you will provide? _____

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21. Please complete the table below and report all the types of pools in your community.

Type of Pool	Number of Pools	Energy Use Included in Energy Data to be provided? (Y or N)	Number of Indoor Pools	Number of Heated Pools
Whirlpool/Hot Tub/Spa (Heated with Jets)				
Olympic (50 meters x 25 meters)				
Short Course (25 yards x 20 yards)				
Recreational (20 yards x 15 yards)				
Other (Less than 20 yards x 15 yards)				

ENERGY DATA

22. What metering configuration does this community have?

- Direct-Metered (the utility owns the electrical meter in each apartment and the resident pays directly to the utility)
- Master-Metered (the utility owns one or more single building meter(s) and provides electricity to the whole building which includes the common areas and the individual apartments)

23. What percentage of the building is mechanically heated with central or residential heating?

24. What percentage of the building is mechanically cooled with central or residential cooling?

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25. Please provide the total amount of each fuel source used for a 12 month time period from August 2008 through July 2009 (e.g. August 1, 2008 to July 31, 2009), as well as the total cost for each fuel source. Please include all energy data for the entire building, pools, and parking lots, if available. Please note that if your bills do not start and end on the first and last of each month, just be sure to include the bills that cover the majority of these 12 months. For example, bills that cover the period from August 5, 2008 to August 4, 2009, will be sufficient. For any fuel type listed below that you did not use, please leave the space blank. If you have more than one meter of the same fuel type, please aggregate the consumption and costs. The cost should include the total of all costs on your bill including demand charges, taxes, and other fees.

If you have an on-site generator, please only include the fuel consumption if the on-site generator is used to power the community. Do not include the fuel consumption that is used to test the back-up generator.

Please note that our units of measurement use the following prefixes. Please be sure the units you select are consistent with what the units on your utility bill represent.

- C = hundred (example: ccf)
- K = thousand
- M = million
- B = billion

Fuel	Total Consumption (Aug 08 - July 09)	Energy Units	Total Cost (\$) (Aug 08 - July 09)
Electricity			
Natural Gas			
Other: Please specify fuel type* _____			

*Examples of other fuel types include steam, chilled water, fuel oil, and/or on-site wind or solar energy.

26. The energy consumption for this community provided in Questions 25 includes (check one):

- Whole Building Energy Consumption (including both common space and resident space)
- Common Area Energy Consumption Only
- Resident Area Energy Consumption Only
- Other _____

THANK YOU for filling out this survey.