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| Office of Statewide Health Planning and Development |
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| Facilities Development Division |

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 10541 | | |
|----------------------|----------|---|--|
| Facility Name: | Hemet | Valley Medical Center | |
| Address: | 1117 E | ast Devonshire | |
| City: | Hemet | | |
| Hospital Owner/Lice | ensee: | Physicians for Healthy Hospitals | |
| Year of Reporting: | | 2018 | |
| Contact 1 e-mail Ad | dress: | [Confidential data left blank intentionally.] | |
| Contact 2 e-mail Ad | dress: | [Confidential data left blank intentionally.] | |
| Contact 3 e-mail Add | dress:: | [Confidential data left blank intentionally.] | |
| Name of Sub | omitter: | Hemet Valley Medical Center | |
| Submission | n Date: | 12/10/2018 9:00:09 AM | |
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| Report Y | 'ear: 2018 10541 | Hemet Valley Medical Center | | Hemet | | Page:2 of 47 |
|-------------------------|---|--|---------------------------------------|---------------------------------|----------------------|--------------------------------|
| rebuild, re 130060 c | etrofit or replace the buildin or 130061.5,for rebuild, retr | re planned for rebuild, retrofit or rep ng to SPC2, SPC3, SPC4, SPC4D rofit or replacement of the building t approved per Section 130061(c)(1 | or SPC5 per 130 hat the hospital o | 061(c)(1)(A). The de | adline, as desc | ribed in Section |
| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
| BLD- 01409 | North Wing and Annex | 1117 East Devonshire | Retrofit | SPC2 | 01/01/2020 | 10/31/2019 |
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| Report Year: 2018 1 | 0541 Hemet Valley Medical Center | | Hemet | | Page:3 of 47 |
|---|---|----------------|--|------------------------------|------------------------------------|
| | anned for rebuild, retrofit or replacement, p date or dates and projected Completion dat ction 130061(c)(1)(E). | | | | |
| Building No: BLD-01409 | North Wing and Annex | | Retrofit/Replacemen Project: | t Yes-Sul | omitted |
| Facility Project Sub Number Number Num | Scope | Date In | Plan Approved Projected Date Start Date | Projected Completion Date | CEQA ^e Status Review |
| 10541 H142999-33 0 -00 | Voluntary Seismic Improvement for Building C (North Wing & Annex, BLD- | 12/29/201 4 | 11/12/2015 12/29/201 12:00:00 AM | 4 11/15/2018 | FIEL No |
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| Report Year: 2018 10 | 0541 Hemet Valley Medical Center | Hemet | Page:4 of 47 | | | |
|--|----------------------------------|------------------------------------|--------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLD-014 | 409 Building Name: Nort | th Wing and Annex | | | | |
| Type of Service Provided | l | | | | | |
| X Nursing Inpa Bed | atient 22 Inpatient 0 ds Days | Surgical X Obst | etrical overy | | | |
| IntensiveCare Inpa Bed | atient 0 Inpatient Days 0 | | born/ Baby | | | |
| Pediatric/Adol Inpa escent Bed | atient 0 Inpatient Days 0 | Clinical Lab | rgency | | | |
| Psychiatric Inpa Nursing Bed | atient 0 Inpatient Days 0 | Radiological/ Nucl Imaging | | | | |
| X Obstetrical Inpa Ante/Postprtum Bed | atient 12 Inpatient Days 2305 | Pharmaceutical Dietetic | abilitation apy | | | |
| Intermediate Inpa Care Bed | atient 0 Inpatient Days 0 | | al Dialysis | | | |
| Skilled Nursing Inpa Bed | atient 0 Inpatient Days 0 | X Support Outp Services Surg | atient ery | | | |
| | Total Beds this 34 Building | Cesarean/Deliv Cent | ral Plant | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/10/2018 Sub | omission Date: 12/10/2018 Printed: | 12/12/2018 6:30 AM | | | |

| Report Year: 201 | 8 10541 Hemet Va | lley Medical Center | | Hemet | Page:5 of 47 | | | |
|---|------------------------|--------------------------------|---------------------|---|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: | BLD-01409 Build | ing Name: North | Wing and Annex | | | | | |
| Medical / Surgical (I | nclude GYN) | Acute Respiratory C | Care | Acute Psychiatric | | | | |
| | Inpatient 0 Days | | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Perinatal (excluse N | lewborn / GYN) | Burn | | Skilled Nursing | | | | |
| | Inpatient 2305 Days | | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Pediatric | | intensive Care Newł Nursery | born | Intermediate Card | | | | |
| | Inpatient 0 Days | | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent | | | |
| | Inpatient 0 Days | | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | | |
| | Inpatient 0 Days | | Inpatient 0 Days | 34 | 34 | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Re | port Data Last Up | date: 12/10/2018 | Submission Date | : 12/10/2018 Printe | d: 12/12/2018 6:30 AM | | | |

| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt | |
|--------------------|-------------------------------|--|--|
| BLD-01406 | Tower I | Remain | |
| BLD-01408 | 1948 Addition | Remain | |
| BLD-01409 | North Wing and Annex | Retrofit | |
| BLD-01411 | 1965 NW Addition | Remain | |
| BLD-01412 | Behavioral Health | Remain | |
| BLD-01413 | Obstetrics II | Remain | |
| BLD-01415 | Tower II Upper Levels | Remain | |
| BLD-01417 | Main Lobby and Entrance | Remain | |
| BLD-01418 | Area A | Remain | |
| BLD-02857 | Area B | Remain | |
| BLD-05649 | Emergency Department Addition | Remain | |
| BLD-06156 | Canopy | Remain | |

| Report Year: | 2018 | 10541 | Hemet Valley Medical Center | Hemet | Page:7 of 47 |
|--------------|------|-------|-----------------------------|-------|--------------|
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No proposed new buildings to be constructed at this or another site.

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|-----------------|---------------|-------------|-----------------------------|-------|--------------|
| No data reporte | d for Section | n 130061 (c | e)(2)(A) , (B), or (C) | | |
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| Report Year: | 2018 | 10541 | Hemet Valley Medical Center | Hemet | Page:9 of 47 |
|-----------------|--------------|------------|-----------------------------|-------|--------------|
| No data reporte | d for Sectio | n 130061(c |)(2)(D). | | |
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| Report Year: | 2018 | 10541 | Hemet Valley Medical Center | Hemet | Page:10 of 47 |
|-----------------|--------------|-------------|-----------------------------|-------|---------------|
| No data reporte | d for Sectio | n 130061(c) |)(2)(D). | | |
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| Report Year: | 2018 | 10541 | Hemet Valley Medical Center | | Hemet | Page:11 of 47 |
|------------------|-------------|--------------|---------------------------------|------------------------|---|--------------------------|
| No data reported | d for wheth | er the gener | al acute care services and beds | will be relocated to a | new, existing or retrofitted building Rebuild" or "Replace" per Section 13 | and any $0.061(c)(2)(E)$ |
| | anding site | | | | | (U)(2)(2). |
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| Report Year: | 2018 | 10541 | Hemet Valley Medical Center | Hemet | Page:12 of 47 |
|------------------|--------------|------------|-----------------------------|-------|---------------|
| No data reported | d for Sectio | n 130061(c |)(3). | | |
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|--|-------------------------------|----------------------------|-------------|-----------------------------|--------|---------------------------|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | | |
| Building Number: | BLD-01409 Building | Name: North Wing and Annex | | | | | | |
| Type of Service F | Provided | | | | | | | |
| | | Surgical | | bstetrical esarean/Deliv | Х | Rehabilitation Therapy | | |
| X | Nursing | Anesthesia | | | | Renal Dialysis | | |
| | IntensiveCare | Clinical Lab | | bstetrical ecovery | | | | |
| | Pediatric/Adol escent | Radiological/ | | ewborn/ /ellBaby | | Outpatient Surgery | | |
| | Psychiatric Nursing | Imaging Pharmaceutical | Γ Ei | mergency | | Central Plant | | |
| | Obstetrical Ante/Postprtum | Dietetic | | uclear edicine | X | Support Services | | |
| | Intermediate Care | Administration | | | | | | |
| | Skilled Nursing | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Repo | ort Data Last | Update: 12/10/2018 Subm | ission Date | e: 12/10/2018 | Printe | d: 12/12/2018 6:30 AM | | |
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| Report Year: 2018 10541 | Hemet Valley Medical Center | Hemet | Page:14 of 47 | | | | | | | |
|---|--------------------------------------|-------------------------------|-----------------------------|--|--|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | | |
| Building Number: BLD-01406 Building Name: Tower I Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | |
| | Conforming building to SPC 4D or SPC | 5 and NPC 4 or NPC 5 | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| X Nursing | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | |
| IntensiveCare | X Anesthesia | Obstetrical | Renal Dialysis | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | | |
| Psychiatric Nursing | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | X Central Plant | | | | | | | |
| Intermediate Care | X Dietetic | | | | | | | | | |
| X Skilled Nursing | Administration | Nuclear Medicine | X Support Services | | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/10/2018 | Submission Date: 12/10/2018 | Printed: 12/12/2018 6:30 AM | | | | | | | |

| Report Year: 20 |)18 10541 | Hemet Valley | Medical Center | | Hemet | | Page:15 of 47 | | |
|---|-----------------------------|----------------|--------------------------|-----------|-------------------------------|-----------|---------------------------|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-01408 Building Name: 1948 Addition | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | ırsing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | | Support | | |
| Sk | illed Nursing | | Administration | | | | Services | | |
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| Report Year: 2018 10541 | Hemet Valley Medical Center | Her | net | Page:16 of 47 | | | | |
|---|---------------------------------|--------------------------|--------------------|---------------------------|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | |
| Building Number: BLD-01409 | Building Name: North Wing and A | Annex | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | |
| Type of Service Provided | | | | | | | | |
| X Nursing | Surgical | Obstetrica Cesarean | | Rehabilitation Therapy | | | | |
| IntensiveCare | Anesthesia | X Obstetrica Recovery | d 🗌 | Renal Dialysis | | | | |
| Pediatric/Adol escent | Clinical Lab | Receivery | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| X Obstetrical Ante/Postprtum | Pharmaceutical | Emergend | .v 🗖 | Central Plant | | | | |
| | Dietetic | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear M | ledicine X | Support Services | | | | |
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| Report Year: 2018 10541 | Hemet Valley Medical Center | Hemet | | Page:17 of 47 | | | | | |
|---|------------------------------|-------------------------------|-----------------|--------------------|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-01411 Building Name: 1965 NW Addition | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | X Surgical | Obstetrical Cesarean/Deliv | Reha Thera | abilitation apy | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Rena | al Dialysis | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surge | atient ery | | | | | |
| Obstetrical Ante/Postprtum | X Pharmaceutical | Emergency | Cent | ral Plant | | | | | |
| Intermediate | Dietetic | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear Medicine | X Supp Serv | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/10/2018 | Submission Date: 12/10/2018 | Printed: 12/12/ | /2018 6:30 AM | | | | | |

| Report Year: 20 |)18 10541 I | Hemet Valley | Medical Center | | Hemet | | Page:18 of 47 | | |
|---|-----------------------------|----------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-01412 Building Name: Behavioral Health | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol cent | | Clinical Lab | | | | | | |
| | sychiatric ursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical hte/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | X | Support | | |
| Sk | illed Nursing | | Administration | | | | Services | | |
| | | | | | | | | | |
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| Report Year: 20 | 018 10541 | Hemet Valley | Hemet Valley Medical Center | | | Hemet | Page:19 o | f 47 | |
|---|-----------------------------|-----------------|-----------------------------|---------|----------------|----------------------|-----------|---------------------------|---|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | 9 |
| Building Number: | BLD-01413 | Building Na | me: Obstetrics II | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | |
| Nu Nu | ursing | | Surgical | X | Obste Cesar | trical rean/Deliv | | Rehabilitation Therapy | |
| Int | tensiveCare | | Anesthesia | X | Obste | | | Renal Dialysis | |
| | ediatric/Adol scent | | Clinical Lab | | Recov | /ery | | | |
| | sychiatric ursing | | Radiological/ Imaging | Х | Newb WellB | | | Outpatient Surgery | |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emerç | gency | | Central Plant | |
| Int Ca | termediate are | | Dietetic | | Nuclo | ar Medicine | | Support | |
| Sk | killed Nursing | | Administration | | NUCIE | | | Services | |
| | | | | | | | | | |
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| Report Year: 20 |)18 10541 H | Hemet Valley | Medical Center | | Hemet | | Page:20 of 47 | | |
|---|-----------------------------|----------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-01415 Building Name: Tower II Upper Levels | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| X Nu | irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol cent | | Clinical Lab | | Receivery | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | x | Support | | |
| | illed Nursing | X | Administration | | | | Services | | |
| | | | | | | | | | |
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| Report Year: 20 |)18 10541 H | Hemet Valley | Medical Center | | Hemet | | Page:21 of 47 | | |
|---|-----------------------------|---------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-01417 Building Name: Main Lobby and Entrance | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Int | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol cent | | Clinical Lab | | Receivery | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| Int Ca | ermediate | | Dietetic | | | | | | |
| | illed Nursing | X | Administration | | Nuclear Medicine | | Support Services | | |
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| Report Year: 20 | 018 10541 | Hemet Valley | v Medical Center | | Hemet | | Page:22 of 47 | | |
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| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: | BLD-01418 | Building Na | me: Area A | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | |
| | ursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol scent | | Clinical Lab | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | bstetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| | termediate are | | Dietetic | | | | | | |
| | killed Nursing | | Administration | | Nuclear Medicine | × | Support Services | | |
| | | | | | | | | | |
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| Report Year: 20 |)18 10541 H | Hemet Valley | Medical Center | | Hemet | | Page:23 of 47 |
|--|----------------------------|----------------------------|--|-----------------------|---|------------------------------|---|
| Report the final cor requirements wheth per Section 130061 | her by retrofit or by I | dings on the eplacement | hospital campus showing and the type of service the type of servic | g how e hat will t | ach building will comply be provided in each gen | with the SP eral acute ca | C-5/NPC-4 or 5 are hospital building |
| Building Number: | BLD-02857 | Building Na | me: Area B | | | | |
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | irsing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| Inte Ca | ermediate ire | | Dietetic | | Nuclear Medicine | | Support |
| Sk | illed Nursing | | Administration | | | | Services |
| | | | | | | | |
| OSHPD FDD SB499 F | Report Da | ta Last Updat | e: 12/10/2018 | Submiss | ion Date: 12/10/2018 | Printed: | 12/12/2018 6:30 AM |

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|---|----------------------------|----------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | | |
| Building Number: | BLD-05649 | Building Na | me: Emergency Depar | tment A | ddition | | | | | |
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | | | | |
| Type of Service | Provided | | | | | | | | | |
| Nu | irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | |
| | diatric/Adol cent | | Clinical Lab | | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | | Support | | | |
| Sk | illed Nursing | | Administration | | | | Services | | | |
| | | | | | | | | | | |
| OSHPD FDD SB499 F | Report Da | ata Last Updat | e: 12/10/2018 | Submiss | ion Date: 12/10/2018 | Printed: | 12/12/2018 6:30 AM | | | |

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|-------------------|-----------------------------|----------------|---|---------|-------------------------------|----------|---------------------------|
| | her by retrofit or by | | hospital campus showing and the type of service th | | | | |
| Building Number: | BLD-06156 | Building Na | me: Canopy | | | | |
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Service | e Provided | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | termediate are | | Dietetic | | | | |
| | killed Nursing | | Administration | | Nuclear Medicine | | Support Services |
| | | | | | | | |
| OSHPD FDD SB499 F | Report Da | ata Last Updat | e: 12/10/2018 | Submiss | on Date: 12/10/2018 | Printed: | 12/12/2018 6:30 AM |

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|--|-------------------|----------------|--------------|--------------------------|--------------------------------|--------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of § | Service provided by bu | uildings that are classified a | s SPC-2, S | PC-3, SPC-4, SPC- |
| Building Number: BLI | D-01406 | Building N | lame: To | wer I | | |] |
| Type of Service Prov | <u>/ided</u> | | | | | | |
| X Nursing | Inpatient Beds | 58 | X | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | X | Anesthesia | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X Ce | ntral Plant |
| Intermediate | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | X Su Se | pport rvices |
| Skilled Nursing | Inpatient Beds | 23 | | Administration | | | |
| Total Beds this Building | | 81 | | | | | |
| | | | | | | | |
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|---|-------------------|----------------|--------------|--------------------------|-------------------------------|-----------------|-----------------------|--|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by b | uildings that are classifie | d as SPC-2, S | PC-3, SPC-4, SPC- | |
| Building Number: BLI | D-01408 | Building N | Jame: 194 | 48 Addition | | |] | |
| Type of Service Prov | <u>/ided</u> | | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Ce | ntral Plant | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Su Su | oport rvices | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
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|---|-------------------|----------------|--------------|--------------------------|-------------------------------|-----------------|-----------------------|--|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by | buildings that are classifie | ed as SPC-2, S | PC-3, SPC-4, SPC- | |
| Building Number: BLI | D-01411 | Building N | lame: 19 | 65 NW Addition | | |] | |
| Type of Service Prov | <u>/ided</u> | | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | Emergency | Ce | ntral Plant | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Su Se | pport rvices | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report | Data | a Last Update: | 12/10/2018 | 3 Submissior | Date: 12/10/2018 | Printed: 12/12/ | /2018 6:30 AM | |

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|---|-------------------|----------------|--------------|--------------------------|-------------------------------|-----------------|-----------------------|--|
| Include information on 4D and SPC-5 per <mark>Sec</mark> | | | by type of S | ervice provided by t | ouildings that are classified | d as SPC-2, S | PC-3, SPC-4, SPC- | |
| Building Number: BLI | D-01412 | Building N | lame: Beł | navioral Health | | |] | |
| Type of Service Prov | <u>/ided</u> | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Ce | ntral Plant | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Su Se | pport rvices | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
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|---|-------------------|----------------|--------------|--------------------------|---------------------------------|-----------------|-----------------------|--|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by bu | uildings that are classif | ed as SPC-2, S | PC-3, SPC-4, SPC- | |
| Building Number: BLI | D-01413 | Building N | lame: Ob | stetrics II | | |] | |
| Type of Service Prov | <u>vided</u> | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | X Obstetrical Cesarean/Deliv | | habilitation erapy | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | X Obstetrical Recovery | Re | nal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | X Newborn/ WellBaby | | tpatient rgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | ntral Plant | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Sul Sei | oport rvices | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report | Data | a Last Update: | 12/10/2018 | 3 Submission I | Date: 12/10/2018 | Printed: 12/12/ | 2018 6:30 AM | |

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|------------------------------------|--|-------------------------------|------------------------|----------------------|-------------------------------|---------------|-----------------------|
| Include informat 4D and SPC-5 p | tion on the numbe per Section 13006 | er of inpatient beds 51(e) | s by type of Service p | provided by building | s that are classified as \$ | SPC-2, S | PC-3, SPC-4, SPC- |
| Building Numbe | er: BLD-01415 | Building | Name: Tower II Up | oper Levels | | |] |
| Type of Servic | ce Provided | | | | | | |
| X Nursing | Inpatien Beds | t 165 | Surgic. | al | Obstetrical Cesarean/Deliv | | habilitation erapy |
| X Intensive | Care Inpatient Beds | t 26 | Anesth | esia | | | |
| Pediatric/ escent | /Adol Inpatien Beds | t 0 | Clinical | l Lab | Obstetrical Recovery | Re | nal Dialysis |
| Psychiatr Nursing | ric Inpatien Beds | t 0 | Radiolo Imagin | | Newborn/ WellBaby | | tpatient rgery |
| Obstetric Ante/Pos | | t 0 | Pharma | aceutical | Emergency | X Ce | ntral Plant |
| Intermedi Care | iate Inpatien Beds | t 0 | Dietetio | | Nuclear Medicine | X Su Se | pport rvices |
| Skilled N | ursing Inpatien Beds | t 0 | X Admini | stration | | | |
| Total Bec Building | ds this | 191 | | | | | |
| | | | | | | | |
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|---|----------------------------|--------------------------|-------------------------|-------------------------------------|-----------------|-----------------------|--|
| Include information on 4D and SPC-5 per Se | the number ction 130061 | of inpatient beds (e) | by type of Service prov | ided by buildings that are classifi | ed as SPC-2, S | PC-3, SPC-4, SPC- | |
| Building Number: BL | D-01417 | Building N | ame: Main Lobby an | d Entrance | |] | |
| Type of Service Pro | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy | |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | à | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical La | b Obstetrical Recovery | Re | nal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiologic Imaging | al/ Newborn/ WellBaby | | tpatient rgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmace | utical Emergency | Ce | ntral Plant | |
| Intermediate | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | | pport rvices | |
| Skilled Nursing | Inpatient Beds | 0 | X Administra | tion | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | D | ata Last Update: | 12/10/2018 Su | ubmission Date: 12/10/2018 | Printed: 12/12/ | 2018 6:30 AM | |

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|---|-------------------|-----------------|--------------|--------------------------|----------------------------|-------------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by b | uildings that are classi | ified as SPC-2, S | PC-3, SPC-4, SPC- |
| Building Number: BLI | D-01418 | Building N | Name: Are | ea A | | |] |
| Type of Service Prov | <u>/ided</u> | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/De | | habilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Ce | ntral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Su Se | pport rvices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Da | ta Last Update: | 12/10/2018 | 3 Submission | Date: 12/10/2018 | Printed: 12/12/ | /2018 6:30 AM |

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|---|-------------------|----------------|--------------|--------------------------|-------------------------------|----------------|-------------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by b | ouildings that are classifie | ed as SPC-2, S | SPC-3, SPC-4, SPC- |
| Building Number: BLI | D-02857 | Building N | Name: Are | ea B | | | |
| Type of Service Prov | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | | ehabilitation lerapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | enal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | utpatient Irgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Ce | entral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Su Su | ipport ervices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
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|---|--------------------------|------------------|---------------|--------------------------|------|-------------------------------|-------------|---------------------------|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | | | |
| Building Number: BLD-05649 Building Name: Emergency Department Addition | | | | | | | | |
| Type of Service Prov | Type of Service Provided | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | [| Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | [| Obstetrical Recovery | | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | [| Newborn/ WellBaby | | Dutpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | [| X Emergency | | Central Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | [| Nuclear Medicine | | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
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|---|-------------------|----------------|--------------|--------------------------|-----------------------------|----------------|-------------------------|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | | |
| Building Number: BLI | D-06156 | Building N | Name: Ca | nopy | | | |
| Type of Service Prov | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Del | | ehabilitation lerapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | enal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | utpatient Irgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Ce | entral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | | ipport prvices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
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|---|-------------------------------------|---|----------------------|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4, AD and SPC-5 per Section 130061(e) | | | | | |
| Building Number: BLD-01406 Build | ding Name: Tower I | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 58 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 23 Inpatient Bed Days | 7571 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | |
| Coronary Care | Chemical Dependency | | Beds this ing Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Servi | ce 81 | | |
| | | | | | |
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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01408 Buil | ding Name: 1948 Addition | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
| | | | | | | |
| | | | | | | |
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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01411 Building Name: 1965 NW Addition | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient <u>0</u> Inpatien Bed Days | ot 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
| | | | | | | |
| | | | | | | |
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| Report Year: 2018 10541 Hemet V | alley Medical Center | Hemet | Page:40 of 47 | | | |
|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01412 Build | ding Name: Behavioral Health | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | ot 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last U | pdate: 12/10/2018 Submission Date | : 12/10/2018 Printed: 12/12 | 2/2018 6:30 AM | | | |

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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01413 Buil | ding Name: Obstetrics II | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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|--|-------------------------------------|---|---------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01415 Bui | Iding Name: Tower II Upper Levels | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 165 Inpatient 30075 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 18 Inpatient 5249 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Buildir | | | | |
| Inpatient 8 Inpatient 251 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service | e 191 | | | |
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| OSHPD FDD SB499 Report Data Last | Jpdate: 12/10/2018 Submission Date: | 12/10/2018 Printed: 12/12/2 | 018 6:30 AM | | | |

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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01417 Building Name: Main Lobby and Entrance | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ut 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last U | pdate: 12/10/2018 Submission Date | : 12/10/2018 Printed: 12/12 | 2/2018 6:30 AM | | | |

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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-01418 Building Name: Area A | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last U | pdate: 12/10/2018 Submission Date: | 12/10/2018 Printed: 12/12 | /2018 6:30 AM | | | |

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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-02857 Build | ding Name: Area B | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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|--|-------------------------------------|---|-------------------------|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | |
| Building Number: BLD-05649 Building Name: Emergency Department Addition | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last L | Jpdate: 12/10/2018 Submission Date | : 12/10/2018 Printed: 12/12 | 2/2018 6:30 AM | | | |

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|--|--|---|-------------------------|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-06156 Buil | ding Name: Canopy | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient <u>0</u> Inpatien Bed Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Intensive Care | Rehabilitation Int. Care / Developmentally Center | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 |
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