Office of Statewide Health Planning and Development 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	d Year of Report per Section 130061(e)					
Facility Number:	12042	12042					
Facility Name:	Pacifica	Hospital of the Valley					
Address:	9449 Sa	an Fernando Rd.					
City:	Sun Val	ley					
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	porting: ddress: ddress:	Paul Tuft/Pacifica Hospital of the Valley Corp 2018 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]					
Name of Sul	bmitter:	Pacifica Hospital					
Submissio	n Date:	10/26/2018 10:03:22 AM					
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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00017	Building 1	9449 San Fernando Rd.	Retrofit	SPC-4D	01/01/2020	07/01/2019
BLD- 00018	Building 2	9449 San Fernando Rd.	Retrofit	SPC-4D	01/01/2020	07/01/2019
BLD- 00019	Building 3	9449 San Fernando Rd.	Retrofit	SPC-4D	01/01/2020	07/01/2019

Report Year: 12042 Pacifica Hospital of the Valley Sun Valley Page:3 of 25 2018 For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). **Building 1** Yes-Submitted Building No: BLD-00017 Retrofit/Replacement Project: CEQA Facility Project Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 12042 1130014-19-0 VSI: BLD-00017, Bldg 01 for SPC-2 12/23/201 12/23/2013 07/01/2019 PEND No 00 Reclassification 3 For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Yes-Submitted BLD-00018 Building 2 Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 12042 1130015-19-0 VSI: BLD-00018, Bldg 02 for SPC-2 12/23/201 12/23/2013 07/01/2019 PEND No 00 Reclassification 3

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

12042

1130016-19-

Reclassification

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BLD-00019 Building 3 Yes-Submitted Building No: Retrofit/Replacement Project: Facility Project Projected CEQA Plan Approved Projected Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In 0 VSI: BLD-00019, Bldg 03 for SPC-2

3

12/23/201

12/23/2013

07/01/2019

PEND No

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)
Building Number: BL	_D-00017	Building Name: Bu	uilding 1	
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	24 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	34 Inpatient Days 4961	X Support Services	X Outpatient Surgery
	beus	Total Beds this Building 58	Obstetrical Cesarean/Deliv	X Central Plant

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Provide the number of inpatie	ent beds and patient days per type of service pe	er building per Section 130061(c)	(1)(F)
Building Number: BLD-0001	18 Building Name: Bu	uilding 2	
Type of Service Provided		1	
X Nursing Inpati Beds		Surgical	X Obstetrical Recovery
IntensiveCare Inpati Beds		Anesthesia	X Newborn/ WellBaby
Pediatric/Adol Inpati escent Beds		Clinical Lab	Emergency
X Psychiatric Inpati Nursing Beds		Radiological/ Imaging	Nuclear Medicine
X Obstetrical Inpati Ante/Postprtum Beds		Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Inpati Care Beds		Administration	Renal Dialysis
Skilled Nursing Inpati		X Support Services	Outpatient Surgery
5000	Total Beds this Building	X Obstetrical Cesarean/Deliv	X Central Plant

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Provide the r	number of inpatient b	eds and patient days per type of servi	ce per building per Section 13006	(c)(1)(F)
Building Nun	nber: BLD-00019	Building Name:	Building 3	
Type of Serv	vice Provided			
Nursing	g Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X Intensi	veCare Inpatient Beds	7 Inpatient Days 804	Anesthesia	Newborn/ WellBaby
Pediatr escent	ric/Adol Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychia Nursing		0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obsteti Ante/Po	rical Inpatient ostprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Interme Care	ediate Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis Outpatient
X Skilled	Nursing Inpatient Beds	64 Inpatient Days 15639	Services	Surgery
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

Report Year: 2018 12042 Pacifica Hospital of the Valley Sun Valley Page:8 of 25 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00017 **Building 1 Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 4961 Inpatient Inpatient Inpatient Inpatient Inpatient 34 Inpatient Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** 24 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 58 Inpatient Inpatient Inpatient 58 Bed Days Days Bed

Report Year: 2018 12042 Pacifica Hospital of the Valley Sun Valley Page:9 of 25 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00018 **Building 2 Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 8230 Inpatient 48 Inpatient 4251 Inpatient Inpatient 0 Inpatient 38 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 16 Inpatient 422 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 102 Inpatient Inpatient Inpatient 102 Days Days Bed Bed

Report Year: 2018 12042 Pacifica Hospital of the Valley Sun Valley Page:10 of 25 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00019 **Building 3 Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient 64 Inpatient 1563 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 804 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 71 Inpatient 71 Inpatient Inpatient Inpatient Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00017	Building 1	Retrofit
BLD-00018	Building 2	Retrofit
BLD-00019	Building 3	Retrofit

No proposed new buildings to be constructed at this or another site.	

Report Year: Pacifica Hospital of the Valley Sun Valley 2018 12042 Page:13 of 25 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2018	12042	Pacifica Hospital of the Valley	Sun Valley	Page:14 of 25
No data reporte	d for Section	n 130061(c)	(2)(D).		

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No data reporte	ed for Section	n 130061(c))(2)(D).		

Report Year:	2018	12042	Pacifica Hospital of the	e Valley		Sun Valley	Page:16 of 25
No data reporte	ed for whethe	er the genera	al acute care services a	and beds will be relocated to	aı "P	new, existing or retrofitted building build" or "Replace" per Section 1	and any
corresponding i	Juliuli ig Sites	or project i	idilibers for buildings w	nitr a building resolution of	176	soulld of Replace per Section i	3000 I(C)(Z)(L).

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No data reporte	d for Section	130061(c)	(3).		

Section 130061 ding Number:		ng Name: Bı	uilding 1				
Type of Service	e Provided	. —		_			
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	X	Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol		Clinical Lab			х	Outpatient
	escent	X	Radiological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging				0 1 10 1
		×	Pharmaceutical	Х	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
X	Skilled Nursing						

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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 Nun	nber:	BLD-00018	Building	y Name: Bu	ilding 2					
Type of Service Provided										
					Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	X	Nursing			Anesthesia				5 15:1 :	
		IntensiveCare				Х	Obstetrical Recovery		Renal Dialysis	
		Pediatric/Adol escent			Clinical Lab	X	Newborn/		Outpatient Surgery	
	X	Psychiatric			Radiological/ Imaging	<u> </u>	WellBaby			
		Nursing			Pharmaceutical		Emergency	X	Central Plant	
	X	Obstetrical Ante/Postprtum	1	X	Dietetic		Nuclear Medicine	X	Support Services	
		Intermediate Care			Administration					
		Skilled Nursing								

ilding Number:	BLD-00019 Buildi	ng Name: B	uilding 3					
Type of Service Provided Surgical Obstetrical X Rehabilitation								
	N. selec		Surgical		Obstetrical Cesarean/Deliv		Therapy	
	Nursing		Anesthesia					
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	X	Clinical Lab				Outpatient	
	escent		Radiological/		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Imaging		F			
			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
			Biototio					
	Intermediate Care		Administration					
	Ckilled Nursing							
X	Skilled Nursing	I						

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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-00017 Building Name: Building 1										
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	Rehabilitation Therapy							
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis							
X Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery							
Obstetrical	X Pharmaceutical									
Ante/Postprtum		X Emergency	X Central Plant							
Intermediate Care	X Dietetic	X Nuclear Medicine	X Support							
X Skilled Nursing	X Administration	A Nuclear Medicine	Services							

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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-00018 Building Name: Building 2										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Serv	vice Provided									
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia	X	Obstetrical Recovery	F	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
X	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Dutpatient Gurgery			
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X (Central Plant			
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support			
	Skilled Nursing		Administration				Services			

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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-00019 Building Name: Building 3										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X II	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Nesevery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine	X	Support			
X s	Skilled Nursing		Administration	_		_	Services			

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No data reported for Section 130061(e)								

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No data reported for Section 130061(e) .									