Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:1 of 61

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

Facility Number:	10541
Facility Name:	Hemet Valley Medical Center
Address:	1117 East Devonshire
City:	Hemet
Hospital Owner/Lice	ensee: Physicians for Healthy Hospitals
Year of Rep	porting: 2011
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Hemet Valley Medical Center
Submission	n Date: 1/29/2012 3:00:00 PM

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:2 of 61

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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
A1	Pre 1980 Emergency	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2015
A2	Tower I	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2018
A3	1965 Mechanical Room	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2018
В	1948 Addition	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2013
С	North Wing and Annex	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2018
D	Obstetrics I	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2018
E	1965 NW Addition	1117 East Devonshire	Retrofit	SPC2	01/01/2013	01/01/2013

2011

10541

Hemet Valley Medical Center

Hemet

Page:3 of 61

For each building which is planned for retrofitting 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 No: A1	Pre 1980 Emergency		Retrofit/Replacement Project:	Hazus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Appro in Date	oved Proj. Start Proj. Comple e Date Date	eted Status CEQA Review
10541 HL102420 0		10/04/2010	01/01/2024	OPEN No
Building No: A2	Tower I		Retrofit/Replacement Project:	Hazus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Appro in Date	oved Proj. Start Proj. Comple e Date Date	eted Status CEQA Review
10541 HL102420 0		10/04/2010	01/01/2024	OPEN No
Building No: A3	1965 Mechanical Room		Retrofit/Replacement Project:	Hazus-Planned
Building No: A3 Facility Project Sub Number Number Num	1965 Mechanical Room Scope	P	[·] roject: oved Proj. Start Proj. Comple	
Facility Project Sub	J L	Date Plan Appro	[·] roject: oved Proj. Start Proj. Comple	eted Status CEQA Review
Facility Project Sub Number Number Num	J L	Date Plan Approin Date	Project: oved Proj. Start Proj. Comple e Date Date	eted Status CEQA Review
Facility Project Sub Number Number Num 10541 HL102420 0	Scope	Date Plan Approin Date 10/04/2010	Project: Dived Proj. Start Proj. Complete Date 01/01/2012 01/01/2012 Retrofit/Replacement Project: Dived Proj. Start Proj. Complete	eted Status CEQA Review 14 OPEN No Hazus-Planned

Report Year: 2011 1	0541 Hemet Valley Medical Cente	r	Hemet	Page:4 of 61
Building No: C	North Wing and Annex		etrofit/Replacement Ha	zus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approv in Date	ved Proj. Start Proj. Completed Date Date	Status CEQA Review
10541 HL102420 0		10/04/2010	01/01/2024	OPEN No
Building No: D	Obstetrics I		etrofit/Replacement Ha	zus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approv in Date	ved Proj. Start Proj. Completed Date Date	Status CEQA Review
10541 HL102420 0		10/04/2010	01/01/2024	OPEN No
Building No: E	1965 NW Addition		etrofit/Replacement Ha	zus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approv in Date	ved Proj. Start Proj. Completed Date Date	Status CEQA Review
10541 HL102420 0		10/04/2010	01/01/2024	OPEN No

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:5 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: A1 Building Name: Pre 1980 Emergency						
Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:6 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: A2 Building Name: Tower I						
Type of Service Provided						
X Nursing	Inpatient Beds	58 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
X Skilled Nursing	Inpatient Beds	23 Inpatient Days 7626	X Support Services Obstetrical	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:7 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: A3	Buildi	ng Name: 1965 Mechanical Room					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	X Central Plant			

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:8 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: B	Buildi	ng Name: 1948 Addition					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building	Ocsaicail/Deliv	Central Plant			

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:9 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: C	Buildir	ng Name: North Wing and Annex				
Type of Service Provided						
X Nursing	Inpatient Beds	22 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 22	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Total Beds this Building	Cesarean/Denv	Central Plant		

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:10 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: D Building Name: Obstetrics I						
Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	X Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 2264	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 12	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	occardar, benv	Central Plant		

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:11 of 61

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number:	Buildi	ng Name: 1965 NW Addition					
Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery Central Plant			
		Building					

2011

10541

Hemet Valley Medical Center

Hemet

Page:12 of 61

Building Number:	A1	Building Name: Pre	1980 Emergency		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:13 of 61

Building Number:	A2	Building Name:	Tower I		
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 58 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 23 Bed	Inpatient 7626 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	81	81

2011

10541

Hemet Valley Medical Center

Hemet

Page:14 of 61

Building Number:	A3	Building Name: 196	65 Mechanical Room		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:15 of 61

Building Number:	В	Building Name: 1948	3 Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:16 of 61

Building Number:	С	Building Name: Nort	h Wing and Annex		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 22 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	22	22

2011

10541

Hemet Valley Medical Center

Hemet

Page:17 of 61

Building Number:	D	Building Name:	bstetrics I		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 12 Bed	Inpatient 2264 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	12	12

2011

10541

Hemet Valley Medical Center

Hemet

Page:18 of 61

Building Number: E	Building Name: 1965	5 NW Addition		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	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 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Valley Medical Center

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

Building Number	Building Name	Building to be Removed
A1	Pre 1980 Emergency	
A2	Tower I	П
A3	1965 Mechanical Room	П
В	1948 Addition	П
С	North Wing and Annex	П
D	Obstetrics I	П
E	1965 NW Addition	П
F	Behavioral Health	П
Н	Obstetrics II	П
J1	Tower II Lower Levels	П
J2	Tower II Upper Levels	П
K1	1980 Entrance	П
K2	Main Lobby	П
K3	Area A	П
K4	Area B	$\overline{\sqcap}$
K5	Area C	

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:20 of 61
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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site	
N_1	Multi-Story Building		
N_2	Emergency Department		
N_3	Central Plant		

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:21 of 61

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	A1 Buildi	ng Name: Pre 1980 Emerç	gency		
Type of Service	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	X Anesthesia			
	IntensiveCare	Altestriesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Clinical Lab		X	Outpatient
	escent	Radiologica	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing	Imaging Pharmaceut	tical Emergency		Central Plant
	Obstetrical	_	Nuclear	X	Support
	Ante/Postprtum	Dietetic	Medicine		Services
	Intermediate	_			
_	Care	Administrati	on		
	Skilled Nursing				

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:22 of 61
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Building Number:	A2 Buildin	ng Name: Tower I			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol	Clinical Lab		Outpatient	
	escent	X Radiological/	Newborn/ WellBaby	☐ Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central Plant	
	Obstatuisal	Filamaceutical		Central Plant	
Ш	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services	
	Intermediate Care				
	Gaic	Administration			
X	Skilled Nursing				

Report Year:	2011	10541	Hemet Valley Medical Center		Hemet	Page:23 of 61
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Building Number:	A3	Building Name:	1965 Mec	hanical Room				
Type of Service	Provided	ır	Surgic	al		Obstetrical		Rehabilitation
	Nursing			ai	Ш	Cesarean/Deliv		Therapy
	IntensiveCare	, <u> </u>	Anesth	nesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinica			Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imagir	logical/ ng naceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m	Dieteti	ic		Nuclear Medicine		Support Services
	Intermediate Care		Admin	istration				
	Skilled Nursin	g						

Report Year:	2011	10541	Hemet Valley Medical Center		Hemet	Page:24 of 61
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Building Number:	В	Building Name:	1948 Addition		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	, [Clinical Lab		Outpatient
_	escent		Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	rano/i osipitu	''' [Dietetic	Medicine	Services
	Intermediate Care		Administration		
П	Skilled Nursin	g			

Report Year:	2011	10541	Hemet Valley Medical Center	H	Hemet	Page:25 of 61
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Building Number:	С	Building Name:	North Wing and Anne	ex		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia	_		
	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	,	Clinical Lab	Newborn/		Outpatient Surgery
	Dovobiotrio		Radiological/ Imaging	WellBaby		Cu.gc.,
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	m _		Nuclear	Х	Support
	•		Dietetic	Medicine		Services
	Intermediate Care		Administration			
	Skilled Nursin	ıg				

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:26 of 61
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Building Number:	D	Building Name:	Obstetrics I				
Type of Service	e Provided	ı r	Surgical		Obstetrical	Rehabilitation	
	Nursing		- -		Cesarean/Deliv	 Therapy	
	IntensiveCare		Anesthesia	X	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/	Outpatient Surgery	
П	Psychiatric		Radiological/ Imaging		WellBaby		
	Nursing		Pharmaceutica	al	Emergency	Central Plant	
X	Obstetrical Ante/Postprtur	m	Dietetic		Nuclear Medicine	Support Services	
	Intermediate Care		Administration				
	Skilled Nursing	g					

Report Year:	2011	10541	Hemet Valley Medical Center		Hemet	Page:27 of 61
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Building Number:	Е	Building Name:	1965 NW Addition				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	, [Clinical Lab			Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing	l b	X Pharmaceutical	Emergency		Central Plant	
	Obstetrical		<u> </u>				
	Ante/Postprtu	m [Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		_				
	Cale		X Administration				
	Skilled Nursin	g					

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:28 of 61
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Building Numbe	Building Number: A1 Building Name: Pre 1980 Emergency										
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030						
Type of Serv	rice Provided										
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant				
	Intermediate Care		Dietetic				0				
	Skilled Nursing		Administration	Ш	Nuclear Medicine	X	Support Services				

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:29 of 61
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Building Number:	A2	Building Na	me: Tower I				
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Service	ce Provided						
X N	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate	Х	Dietetic		Linergency		Ochilai Fiant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:30 of 61
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Building Number: A3 Building Name: 1965 Mechanical Room									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	nove from service by 2030				
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol scent		Clinical Lab		Recovery				
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Dbstetrical Inte/Postprtum		Pharmaceutical		F		Control Plant		
	ntermediate		Dietetic		Emergency	X	Central Plant		
	Care				Nuclear Medicine		Support Services		
S	Skilled Nursing		Administration						

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:31 of 61
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Building Number:	В	Building Na	me: 1948 Addition			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	3 and rem	ove from service by 2030	
Type of Service	e Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:32 of 61
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Building Number	er: C	Building Na	me: North Wing and A	Annex			
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:33 of 61
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Building Number	: D	Building Na	me: Obstetrics I			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	nove from service by 2030	
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
1,,, 1	Obstetrical Ante/Postprtum		Pharmaceutical		_	0
	Intermediate		Dietetic		Emergency	Central Plant
	Care				Nuclear Medicine	Support Services
	Skilled Nursing		Administration			

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:34 of 61	
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Building Numbe	r: E	Building Na	me: 1965 NW Addition	n			
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Recovery Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				Comment
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hen	met	Page:35 of 61
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Building Number:	F	Building Na	me: Behavioral Hea	ılth					
Configuration :	Replace with new	Replace with new SPC 5 and NPC 4 or NPC 5 building							
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery	_			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
lı	ntermediate		Dietetic		Lineigency		ochilari lant		
— (Care		A designaturation		Nuclear Medicine	X	Support Services		
	Skilled Nursing		Administration						

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:36 of 61
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Building Number: H Building Name: Obstetrics II									
Configuration Remove from GAC		Service by	1/1/2030						
Type of Service Provided									
	lursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant		
☐ Ir	ntermediate		Dietetic		Emergency		Contrain faint		
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:37 of 61
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Building Numb	er: J1	Building Na	me: Tower II Lower Le	evels			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	П	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Her	emet	Page:38 of 61
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Building Number:	J2	Building Na	me: Tower II Uppe	r Levels			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
X N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate care		Dietetic				
	killed Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center] [Hemet	Page:39 of 61
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Building Number:	K1	Building Na	me: 1980 Entrance		
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	Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	termediate are		Dietetic		
	killed Nursing		Administration	Nuclear Medicine	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	He	lemet	Page:40 of 61
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Building Number:	K2	Building Na	me: Main Lobby		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Service	e Provided				
N	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis
I I	ediatric/Adol scent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	termediate		Dietetic		
	are killed Nursing	X	Administration	Nuclear Medicine	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	i	Page:41 of 61
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Building Number:	K3	Building Na	me: Area A			
Configuration:	Remove from GAC	Service by	1/1/2030			
Type of Service	e Provided					
N	ursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration	Nuclear Medicine	X	Support Services

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:42 of 61
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Building Number:	K4	Building Na	me: Area B				
Configuration :	Remove from GAG	C service by	1/1/2030				
Type of Service	e Provided						
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate		Dietetic				
	care skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2011	10541	Hemet Valley Medical Center		Hemet	Page:43 of 61
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Building Number:	K5	Building Nar	me: Area C		
Configuration :	Remove from GAC	service by	1/1/2030		
Type of Service	Provided				
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis
1 1	ediatric/Adol cent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
1 1	ostetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	termediate		Dietetic		
Ca	killed Nursing		Administration	Nuclear Medicine	Support Services

Report Year:	2011		10541		Hemet Valley Medical Center		Hemet	Page:44 of 61
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Building Number: F					
Type of Service Pro					
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutica	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:	2011		10541		Hemet Valley Medical Center		Hemet	Page:45 of 61
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Building Number: H	Buildir	ng Name: Ob	stetrics II			
Type of Service Pro						
Nursing	Inpatient Beds	0		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		0				

Report Year: 2011 10541 Hemet Valley Medical Center Hemet Page:46 of 61

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, and SPC-5 per Section 130061(e)

Buildi											
Type of Service Provided											
X	Nursing	Inpatient Beds	72		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	18		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant				
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		90								

Report Year:	2011		10541		Hemet Valley Medical Center	Hemet	Page:47 of 61
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Building											
Type of Service Provided											
X N	Nursing	Inpatient Beds	93		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
ХІ	ntensiveCare	Inpatient Beds	8		Anesthesia						
	Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
_	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant				
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		101								

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:48 of 61
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Building Number: K1 Building Name: 1980 Entrance										
Type of Service Pro										
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	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

Report Year:	2011		10541		Hemet Valley Medical Center		Hemet	Page:49 of 61
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Building Number: K2									
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	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	X	Administration					
Total Beds this Building		0							

Report Year:	2011	10541	Hemet Valley Medical Center	Hemet	Page:50 of 61
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Building Number: K3	Building	g Name: Ar	ea A						
Type of Service Provided									
Nursing	Inpatient Beds	0	X	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	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

Report Year:	2011	10541	Hemet Valley Medical Center	He	emet	Page:51 of 61
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Building Number: K4	1 Buildir	ng Name: Are	ea B						
Type of Service Provided									
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthes	ia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	ab Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiologi Imaging	cal/ Newborn/ WellBaby	X Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmace	eutical Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administr	ation					
Total Beds this Building		0							

Report Year: 2011 10541 Hemet Valley Medical Center Hemet	Page:52 of 61
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Buildi									
Тур	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	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update**: 01/20/2012 **Submission Date**: 01/29/2012 **Print Date**: 2/1/2012 4:01 PM

2011

10541

Hemet Valley Medical Center

Hemet

Page:53 of 61

Building Number:	Buildi	ing Name: Beha	avioral Health		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:54 of 61

Building Number:	Build	ing Name: Obst	etrics II			
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

2011

10541

Hemet Valley Medical Center

Hemet

Page:55 of 61

Building Number:	1 Build	ing Name: Tow	er II Lower Levels		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 72 Bed	Inpatient 15560 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 18 Bed	Inpatient 4779 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	90	90

2011

10541

Hemet Valley Medical Center

Hemet

Page:56 of 61

Building Number:	2 Build	ing Name: Towe	er II Upper Levels		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 93 Bed	Inpatient 19803 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 1473 Days	Inpatient 0 Bed	Inpatient 0 Days	101	101

2011

10541

Hemet Valley Medical Center

Hemet

Page:57 of 61

Building Number:	Build	ing Name: 1980) Entrance		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:58 of 61

Building Number:	Suild Build	ling Name: Mair	Lobby		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:59 of 61

Building Number:	Suild	ing Name: Area A			
Medical / Surgical (Include GYN)		Acute Respiratory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		npatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn	Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		npatient 0 Days	
Pediatric		intensive Care Newborn Nursery	Intermediate Card	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		npatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		npatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 0	0	

2011

10541

Hemet Valley Medical Center

Hemet

Page:60 of 61

Building Number:	Build	ing Name: Are	а В		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10541

Hemet Valley Medical Center

Hemet

Page:61 of 61

Building Number:	S Build	ing Name: Area C			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days		npatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	· · · · · · · · · · · · · · · · · · ·	npatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days		npatient 0	Inpatient 0 Days
Intensive Care		Rehabilitation Center		nt. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		npatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency	E	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	0	0