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

Facility Number:	10226	
Facility Name:	Tehachapi Hospital	
Address:	115 West E St.	
City:	Tehachapi	
Hospital Owner/Lice	ensee: Tehachapi Valley Hospital District - 120000188	
Year of Rep	porting: 2012	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter: Alan J. Burgess	
Submission	n Date: 10/30/2012 5:45:46 PM	

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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 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- 00016	1953 Original Hospital	115 West E St.	Rebuild	SPC5	01/01/2016	11/20/2015

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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).

Building	No: BLD-00016	6 1953 Original Hospital Building	Retro	•	s-Submitted
Facility Number	Project Sub Number Num	Scope	Date Plan Approved in Date	Proj. Start Proj. Completed Date Date	Status CEQA Review
10226	IS101649-0	0 SB 1953 REPLACEMENT HOSPITAL	8/31/2010 12:00:00 AM	12/31/2012	ACTI No

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

Building Number: BL	.D-00016	Building Name:	1953 Original Hospital Building	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient Beds	28 Inpatient 6418 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	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	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 X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services  Obstetrical	X Outpatient Surgery
		Total Beds this Building		X Central Plant

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-00016 <b>E</b>	Building Name: 19	953 Original Hospital Building			
Medical / Surgical (	Include GYN)	Acute Respirato	ory Care	Acute Psychiatric		
Inpatient 28 Bed	Inpatient 6418 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse I	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 N Nursery	lewborn	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 / developm 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	28	28	

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

Building	Building	Building to be
Number	Name	Removed / Replaced / Rebuilt
BLD-00016	1953 Original Hospital Building	Rebuild

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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	TVHD replacement hospital	X	_	

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Nursing  N/A
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  ClinicalLab  Relocated to new building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Radiological/Imaging Relocated to new building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Pharmaceutical Relocated to new building

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Building Number: Will general acu Dietetic		ng Name: 1953 Original Hospital Eds will be relocated to a new, Existing by building	,	
Building Number: Will general acu Administration		ng Name: 1953 Original Hospital Eds will be relocated to a new, Existing	Ţ	
Building Number: Will general acu Support Service	itr care services and be	ng Name: 1953 Original Hospital Eds will be relocated to a new, Existing by building	Ţ	
Building Number: Will general acu Emergency		ng Name: 1953 Original Hospital Eds will be relocated to a new, Existing	J	

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Building Number: Will general acut OutpatientSurge	tr care services and be	ng Name: 1953 Original Hospital ds will be relocated to a new, Existing building		
CentralPlant	tr care services and be Relocated to n	ng Name: 1953 Original Hospital ds will be relocated to a new, Existing ew building  RetroFitted Building	ng or retrofittrd building?	SPC5 Building
Building Number: Will general acui Medical/Surgical (Include GYN)	tr care services and be	ng Name: 1953 Original Hospital ds will be relocated to a new, Existir ew building		

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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:	BLD-00016 Buildin	g Name: 19	953 Original Hospital E	Building		
Type of Service	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Newborn/	Х	Outpatient Surgery
	Dovobiotrio	X	Radiological/ Imaging	WellBaby		Surgery
	Psychiatric Nursing	X	Pharmaceutical	X Emergency	X	Central Plant
	Obstetrical Ante/Postprtum			Nuclear	Х	Support
	·	X	Dietetic	Medicine	_	Services
	Intermediate Care	X	Administration			
П	Skilled Nursing					

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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 actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-00016	LD-00016 Building Name: 1953 Original Hospital Building								
Configuration:	N/A	V/A								
Type of Service	e Provided									
X N	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Recovery					
	Psychiatric Iursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical .nte/Postprtum	X	Pharmaceutical		_					
	ntermediate	X	Dietetic	X	Emergency	X	Central Plant			
	Care	X	Administration		Nuclear Medicine	X	Support Services			
	killed Nursing		Administration							

Report Status: **Data Last Update:** 10/30/2012 **Submission Date:** 10/30/2012 **Print Date:** 11/5/2012 1:26 PM

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