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

Facility Number:	10553	
Facility Name:	Palo Verde Hospital	
Address:	250 North First Street	
City:	Blythe	
Hospital Owner/Lice	ensee: Palo Verde Health Care District	
Year of Rep	porting: 2012	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: Nobi Satoh	
Submission	n Date: 1/4/2013 9:28:03 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 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- 01376	Building A	250 North First Street	Replace	SPC2	01/01/2020	12/31/2019
BLD- 01379	Building D	250 North First Street	Rebuild	SPC5	01/01/2020	12/31/2019
BLD- 01380	Building E	250 North First Street	Rebuild	SPC5	01/01/2020	12/31/2019

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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: BLD-01376	Building Name:	Building A
Type of Service Provided		
X Nursing Inpatier Beds	t 22 Inpatient 689 Days	Surgical Obstetrical Recovery
IntensiveCare Inpatier Beds	t 0 Inpatient Days 0	Anesthesia Newborn/ WellBaby
Pediatric/Adol Inpatier escent Beds	t 0 Inpatient Days 0	Clinical Lab Emergency
Psychiatric Inpatier Nursing Beds	t 0 Inpatient Days 0	Radiological/ Nuclear Medicine
Obstetrical Inpatier Ante/Postprtum Beds	t 0 Inpatient Days 0	Pharmaceutical Dietetic Rehabilitation Therapy
Intermediate Inpatier Care Beds	t 0 Inpatient Days 0	Administration Renal Dialysis
Skilled Nursing Inpatier Beds	t 0 Inpatient Days 0	Support Outpatient Services Surgery Obstetrical
	Total Beds this Building 22	

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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-01379	Building Name:	Building D	
Type of Service Prov	<u>rided</u>			
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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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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-01380	Building Name:	Building E	
Type of Service Prov	<u>ided</u>			
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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	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-01376	Building Name: Build	ding A		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 22 Bed	Inpatient 689 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	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 / developn 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

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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-01379	Building Name:	Building D		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 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 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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	0 Inpatient 0 Days	0	0

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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-01380	Building Name: Building E	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

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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-01376	Building A	Replace
BLD-01377	Building B	Remain
BLD-01378	Building C	Remain
BLD-01379	Building D	Rebuild
BLD-01380	Building E	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	New Building	

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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 represented by the services are services.	e relocated to a new, Existing or retro	fittrd building?			
		Other CDCC CDCC Duilding			
New Building	RetroFitted Building	Other SPC2-SPC5 Building			
		BLD-01377-Building B			
Building Number:	e: Building A				
Will general acutr care services and beds will b	e relocated to a new, Existing or retro	fittrd building?			
Medical/Surgical Relocated to other built	dina				
(Include GYŇ)	3				
New Building	RetroFitted Building	Other SPC2-SPC5 Building			
		BLD-01377-Building B			
		G			
Building BLD-01379 Building Nam	e: Building D				
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
Support Services Relocated to new build	ing				
New Building	RetroFitted Building	Other SPC2-SPC5 Building			
	Netror itted building	Other or 02-or 05 building			
N_1-New Building					

10553 Palo Verde Hospital Report Year: Blythe Page:13 of 26 2012 BLD-01380 **Building Name:** Building E Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Support Services Relocated to new building **New Building RetroFitted Building** Other SPC2-SPC5 Building N_1-New 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-01376 B	uilding Name:	Building A							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing		Anesthesia							
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
П	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient				
	Davahiatria		Radiological/ Imaging	WellBaby		Cargory				
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtum			Nuclear		Support				
	,		Dietetic	Medicine		Surgery Central Plant				
	Intermediate Care		Administration							
П	Skilled Nursing									

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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-01379 Buildin	g Name: Building D			
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/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	Imaging	☐ Fmorgonou		0 1 151 1
		Pharmaceutical	Emergency		Central Plant
Ш	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Х	Support Services
	Intermediate Care	Administration			
П	Skilled Nursing				

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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-01380 Buildin	g Name: Building E			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		Outpatient	
		Radiological/ Imaging	Newborn/ WellBaby	LJ Surgery	
	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant	
П	Obstetrical				
	Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services	
	Intermediate				
	Care	Administration			
	Skilled Nursing				

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Building Number: BLD-01376		Building Na	me: Building A			
Configuration:	Replace with exist	ing SPC2 ar	nd NPC3 building and	d remove fro	m service in 2030.	
Type of Serv	vice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	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		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	r: BLD-01377	Building Na	me: Building B				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing		Administration	Ц	Nuclear Medicine		Support Services

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Building Number:	BLD-01378	Building Na	me: Building C			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servi	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X I	ntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	ntermediate Care	X	Dietetic			0
	Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

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Building Numbe	r: BLD-01379	Building Name: Building D							
Configuration:	Rebuild (Per SB90	Definition fo	Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.						
Type of Serv	rice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		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		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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Building Number	r: BLD-01380	Building Na	Building Name: Building E						
Configuration:	Rebuild (Per SB90	Definition for	Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.						
Type of Servi	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		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	П	Emergency	П	Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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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, and SPC-5 per Section 130061(e)

Building Number: BL	D-01377	Building I	Name: Building	В		
Type of Service Prov	<u>/ided</u>					
X Nursing	Inpatient Beds	19	X Surg	ical X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anes	thesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinic	al Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radio Imag	ological/ X	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical X Ante/Postprtum	Inpatient Beds	6	X Pharr	maceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Diete	tic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Admi	nistration		
Total Beds this Building		25				

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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, and SPC-5 per Section 130061(e)

Building N	lumber: BLE	D-01378	Building N	Name: Bu	ilding C		
Type of	Service Prov	<u>ided</u>					
Nur	rsing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X Inte	ensiveCare	Inpatient Beds	4		Anesthesia		
1 1	diatric/Adol cent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	/chiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
Inte	ermediate re	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services
Skil	lled Nursing	Inpatient Beds	0	X	Administration		
	al Beds this Iding		4				

Report Status: **Data Last Update:** 1/01/2012 **Submission Date:** 01/04/2013 **Print Date:** 1/5/2013 6:25 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, and SPC-5 per Section 130061(e)

Building Number:	BLD-01377 Build	ding Name: Buil	ding B		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	<i>r</i> Care	Acute Psychiatric	
Inpatient 19 Bed	Inpatient 2264 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 433 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Ne 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	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	25	25

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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, and SPC-5 per Section 130061(e)

Building Number:	BLD-01378 Build	ing Name: Building C	
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 4 Bed	Inpatient 550 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	4

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