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

Facility Number:	12042
Facility Name:	Pacifica Hospital of the Valley
Address:	9449 San Fernando Rd.
City:	Sun Valley
Hospital Owner/Lice	Paul Tuft/Pacifica Hospital of the Valley Corp
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	pmitter: Pacifica Hospital
Submission	n Date: 10/22/2012 4:09:32 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- 00017	Building 1	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2019	04/30/2018
BLD- 00018	Building 2	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2019	10/31/2018
BLD- 00019	Building 3	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2018	09/30/2017

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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-00017	Building Name:	Building 1	
Type of Service Prov	<u>rided</u>			_
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	24 Inpatient Days 730	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 X Support	Renal Dialysis
X Skilled Nursing	Inpatient Beds	34 Inpatient Days 6935	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 58	Cesarean/Deliv	X 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-00018	Building Name:	Building 2	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient Beds	Inpatient 9125 Days	Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Seds	38 Inpatient Days 13140	Radiological/ Imaging	Nuclear Medicine
Obstetrical     Ante/Postprtum	Inpatient Beds	16 Inpatient Days 1825	Pharmaceutical   X 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  X Obstetrical	Outpatient Surgery
	Tota Build	al Beds this ding		X 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-00019	Building Name:	Building 3	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	7 Inpatient Days 1825	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X 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
X Skilled Nursing	Inpatient Beds	64 Inpatient Days 18250	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 71	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-00017	Building Name: Bu	ilding 1		
Medical / Surgical (	Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 34 Bed	Inpatient 6935 Days
Pediatric		intensive Care N Nursery	ewborn	Intermediate Card	
Inpatient 24 Bed	Inpatient 730 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	58	58

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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-00018	Building Name:	Building 2				
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric			
Inpatient 48 Bed	Inpatient 9125 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 38 Bed	Inpatient 1314 Days 0		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 16 Bed	Inpatient 1825 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Car Nursery	intensive Care Newborn Nursery		Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center	1	Int. Care / developm Disabled	ent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 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 Days	0 102	102		

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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-00019	Building Name: Build	ding 3				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	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 64 Bed	Inpatient 1825 Days 0		
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 / developi Disabled	ment		
Inpatient 7 Bed	Inpatient 1825 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	71	71		

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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-0001	7 Building 1	Retrofit
BLD-0001	8 Building 2	Retrofit
BLD-0001	9 Building 3	Retrofit

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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-00017 Buildin	g Name: B	uilding 1					
Type of Service Provided								
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	X	Anesthesia					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
X	Pediatric/Adol		Clinical Lab	_	abla	Outpatient		
	escent	Х	Radiological/	Newborn/ WellBaby	X	Surgery		
	Psychiatric Nursing		Imaging					
		X	Pharmaceutical	X Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum	X	Dietetic	X Nuclear Medicine	X	Support Services		
			Diototio					
	Intermediate Care	X	Administration					
X	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-00018 Buildin	g Name: Building 2							
Type of Service Provided									
		Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing	Anesthesia							
	IntensiveCare		X Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	Clinical Lab			Outpatient				
	escent	Radiological/	X Newborn/ WellBaby		Surgery				
X	Psychiatric Nursing	Imaging Pharmaceutical	Emergency		Central Plant				
	Obstetrical	Filalinaceutical	Lineigency	X	Central Flam				
X	Ante/Postprtum	X Dietetic	Nuclear Medicine	X	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-00019 Buildin	ng Name: Building 3								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy						
	Nursing	Anesthesia								
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis						
	Pediatric/Adol	X Clinical Lab		Outpatient						
	escent	Radiological/	Newborn/ WellBaby	LLI Surgery						
	Psychiatric Nursing	Imaging								
_	Ğ	Pharmaceutical	Emergency	Central Plant						
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services						
	Intermediate Care	Administration								
X	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-00017		Building Na	me: Building 1				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Service Provided							
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate	X	Dietetic	_			ooa lan
X	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support 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 actue care hospital building per Section 130061(c)(5)

Building Number: BLD-00018		Building Na	me: Building 2				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Servi	ice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support 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 actue care hospital building per Section 130061(c)(5)

Building Number	er: BLD-00019	Building Na	me: Building 3				
Configuration: Remove from GAG		Service by	1/1/2030				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	Intermediate Care		Dietetic				
X	Skilled Nursing		Administration	Ш	Nuclear Medicine	X	Support Services

Report Status: **Data Last Update:** 10/22/2012 **Submission Date:** 10/22/2012 **Print Date:** 11/5/2012 1:26 PM

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