Report Year: 2013 10242 Central Valley General Hospital Hanford Page:1 of 20

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

Facility Number:	10242	
Facility Name:	Central	Valley General Hospital
Address:	1025 No	orth Douty Street
City:	Hanford	
Hospital Owner/Lic	ensee:	Adventist Healthcare
Year of Rep	oorting:	2013
Contact 1 e-mail Address:		
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Daniel Yerushalmi
Submission	n Date:	12/10/2013 1:40:52 PM

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:2 of 20

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- 03070	1950 Building	1025 North Douty Street	Rebuild	SPC5	01/01/2015	12/22/2014

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:3 of 20

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-03070	1950 Building	Retrofit/Replacement No Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18194 HS022779-0 C		10/23/2002 3/28/2007 04/12/2008 06/13/2011 CLOS No 12:00:00 12:00:00 AM AM
18194 HS102557-0 C)	12/21/2010 2/19/2013 01/01/2013 06/01/2014 PEND No 12:00:00 12:00:00 AM AM

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:4 of 20

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

Building Number: BLD-03	3070	Building Nar	me:	1950	Building	
Type of Service Provided	<u>I</u>					_
Nursing Inp	atient 29	Inpatient Days	2431		X Surgical	X Obstetrical Recovery
IntensiveCare Inp	atient 0	Inpatient Days	0		X Anesthesia	X Newborn/ WellBaby
Pediatric/Adol Inp	atient 0	Inpatient Days	0		X Clinical Lab	Emergency
Psychiatric Inp. Nursing Bed	atient 0	Inpatient Days	0		Radiological/ Imaging	Nuclear Medicine
X Obstetrical Inp	atient 20	Inpatient Days	1689		Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inp	atient 0	Inpatient Days	0		X AdministrationX Support	Renal Dialysis Outpatient
Skilled Nursing Inp	atient 0	Inpatient Days	0		Services X Obstetrical	Surgery
	Total B Buildin	Beds this	49		Cesarean/Deliv	Central Plant

Report Year:

2013

10242

Central Valley General Hospital

Hanford

Page:5 of 20

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

Building Number:	BLD-03070	Building Name:	1950 Building		
Medical / Surgical (I	Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 2431 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 20 Bed	Inpatient 1689 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
	Inpatient 0 Days	Inpatient 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 Days	Inpatient Bed	Inpatient 0 Days	49	49

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:6 of 20

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-00430	Main Building	Remain
BLD-03070	1950 Building	Rebuild

Report Year:	2013	10242	Central Valley General Hospital	Hanford	Page:7 of 20
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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	Replacement Women's Center AMC Hanford		
N_2	Aventist Medical Center - Hanford		

Report Year: 2013 10242 Central Valley General Hospital

Hanford

Page:8 of 20

Report Year: 2013 10242

Central Valley General Hospital

Hanford

Page:9 of 20

Report Year: 2013 10242 Central Valley General Hospital

Hanford

Page:10 of 20

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:11 of 20

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 acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Ante Postprtum Discrete Postpr
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Surgical N/A
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Anesthesia N/A

Report Year:	2013 10242	Central Valley General Hospital	Hanford	Page:12 of 20
Building Number: Will general acu ClinicalLab		ng Name: 1950 Building ds will be relocated to a new, Existing or re	etrofitted building?	
Building Number: Will general acu Dietetic		ng Name: 1950 Building ds will be relocated to a new, Existing or re	etrofitted building?	
Building Number: Will general acu Administration		ng Name: 1950 Building ds will be relocated to a new, Existing or re	etrofitted building?	
Building Number: Will general acu Support Service	te care services and be	ng Name: 1950 Building ds will be relocated to a new, Existing or re	etrofitted building?	

Report Year:	2013 10242 Central	Valley General Hospital	Hanford	Page:13 of 20
Building Number: Will general acu Obstetrical Cesarean/Deliv	BLD-03070 Building Name: te care services and beds will be	1950 Building relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Obstetrical Reco		1950 Building relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Newborn/Well B		1950 Building relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Medical/Surgica (Include GYN)		1950 Building relocated to a new, Existing or retrofitted	d building?	

Report Year:	2013 10242 Central V	alley General Hospital	Hanford	Page:14 of 20		
Building Number: BLD-03070 Building Name: 1950 Building Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?						
Perinatal (exclude Newborn / GYN))	N/A	elocated to a new, Existing or retrolitted	a building?			

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:15 of 20

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-03070	Building Name:	1950 Building						
Type of Service Provided									
			X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	Nursing	F	X Anesthesia						
	IntensiveCare			X Obstetrical Recovery	Renal Dialysis				
	Pediatric/Adol escent		X Clinical Lab		Outpatient				
			Radiological/ Imaging	X Newborn/ WellBaby	Surgery				
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant				
X	Obstetrical Ante/Postprtun	m		Nuclear	X Support				
	o, r oo.prtar	·· [>	X Dietetic	Medicine	Services				
	Intermediate Care	 	X Administration						
	Skilled Nursing	,							

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:16 of 20

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-00430		Building Na	me: Main Building			
Configuration: N/A						
Type of Servi	ce Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	Emergency	X	Central Plant
	ntermediate		Dietetic	 		Contract land
	Care Skilled Nursing		Administration	Nuclear Medicine	X	Support Services

Report Year: 2013 10242 Central Valley General Hospital Hanford Page:17 of 20

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-03070 Building Name: 1950 Building							
Configuration: N/A							
Type of Ser	vice Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year:	2013	10242	C	Central Valley General Hospital		Hanford	Page:18 of 20
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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)

Buildi	ng Number: BLI	D-00430	Building I	Name: Ma	ain Building					
Туре	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	X Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X 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 Status: **Data Last Update:** 12/10/2013 **Submission Date:** 12/10/2013 **Print Date:** 12/11/2013 1:50 PM

Report Year:

2013

10242

Central Valley General Hospital

Hanford

Page:19 of 20

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-00430	Building Name:	Main Building			
Medical / Surgical (In	clude GYN)	Acute Respi	ratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient Days		
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days		
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days		
Intensive Care		Rehabilitatio Center	n	Int. Care / Developmenta Disabled	ally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days		
Coronary Care		Chemical De	pendency		otal Beds this uilding Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		ervice 0	

Report Year: 2013 10242 C

Central Valley General Hospital

Hanford

Page:20 of 20