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

Facility Number:	10848	
Facility Name:	Santa Yr	nez Valley Cottage Hospital
Address:	2050 Vib	org Rd.
City:	Solvang	
Hospital Owner/Lic	censee:	Cottage Health System; Sole Corporate Member
Year of Rep	porting:	2013
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sul	bmitter:	Brooks Larson
Submission	n Date:	10/22/2013 2:46:07 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- 00896	Hospital Building	2050 Viborg Rd.	Retrofit	SPC2	01/01/2015	10/30/2014

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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-00896 Hospital Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10848 HS061307-0 0 ADDITIONS & ALTERATIONS OF SANTA YNEZ VALLEY COTTAGE HOSP	7/7/2006 3/28/2008 04/02/2008 10/30/2014 FIEL No 12:00:00 12:00:00 AM AM

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

Building Number: BLI	D-00896	Building Name:	Hosp	oital Building	
Type of Service Provi	ided	_	•		_
Nursing	Inpatient 11 Beds	Inpatient 758 Days		X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient C Beds	Inpatient Days 0		X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient 0 Beds	Inpatient Days 0		X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient C Beds	Inpatient Days 0		Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient C Beds	Inpatient Days 0		X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient C Beds) Inpatient Days 0		X AdministrationX Support	Renal Dialysis
Skilled Nursing	Inpatient C Beds	Inpatient Days 0		Services Obstetrical	X Outpatient Surgery
	Total Buildi	Beds this 11		Cesarean/Deliv	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-00896	Building Name: Hosp	oital Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 11 Bed	Inpatient 758 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	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	11	11

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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-00896	Hospital Building	Retrofit
BLD-00897	Emergency Services Building	Remain
BLD-03116	ER Canopy	Remain

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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	Patient Room and Imaging Dept. Addition		

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ort Year: 2013	3 10848	Santa Yr	nez Valley Co	ottage Hospital	<u> </u>	Solvang		Page:11 of 18
Report any general SPC-1 per Section			patient serv	ice that is provi	ded in any ç	genaral acute care l	nospital bu	uilding that is rated
Building Number:	BLD-00896	Building	g Name:	lospital Building				
Building Number: Type of Servic		Building	g Name: F	lospital Building				
-	ee Provided	Building	g Name: F	lospital Building Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
-		Building					X	

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Administration

Dietetic

Outpatient Surgery

Central Plant

Support Services

Х

Newborn/ WellBaby

Emergency

Nuclear

Medicine

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X

Χ

Pediatric/Adol

Psychiatric Nursing

Obstetrical

Intermediate

Skilled Nursing

Care

Ante/Postprtum

escent

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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-00896	Building Na	me: Hospital Buildir	ng				
Configuration:	n: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service	Provided							
☐ Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
Int	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol cent	X	Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
☐ Ot	ostetrical	X	Pharmaceutical					
L An	nte/Postprtum				Emergency	X	Central Plant	
	termediate are	X	Dietetic		Nuclear Medicine	X	Support	
	tilled Nursing	X	Administration		Nucleal Medicine		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 Numb	er: BLD-00897	Building Na	me: Emergency S	Services Build	ing		
Configuration	n: Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice 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	X	Emergency		Central Plant
	Intermediate		Dietetic		,		2 2 3
	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	r: BLD-03116	Building Na	me: ER Canopy					
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Serv	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	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care 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-00897	Building N	Name: Emergency Service	es Building	
Type of Service Prov	<u>vided</u>				
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	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			

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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-03116	Building N	Name: ER Canopy					
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	X Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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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-00897	Building Name:	Emergency Services Buildi	ing			
Medical / Surgical (I	nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitatio Center	n	Int. Care / Developi Disabled	nentally		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0		

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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-03116	Building Name: ER	Canopy			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient (O Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient (Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		Intensive Care Ne Nursery	Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient O	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developr Disabled	mentally	
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Depend	Chemical Dependency		Total Beds this Building Per	
Inpatient 0 Bed	Inpatient (Inpatient 0	Inpatient 0 Days	Building Per Unit	Service 0	