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Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

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	nsee: Paul Tuft/Pacifica Hospital of the Valley Corp
Year of Repo	orting: 2014
Contact 1 e-mail Add	dress:
Contact 2 e-mail Add	dress:
Contact 3 e-mail Add	ress::
Name of Subr	nitter: Pacifica Hospital
Submission	Date: 12/18/2014 7:53:06 PM

Report `	Year: 2014 12042	Pacifica Hospital of the Valley		Sun Valley		Page:2 of 25		
For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to ebuild, 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		
3LD- 00017	Building 1	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2020	01/01/2020		
LD- 0018	Building 2	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2020	01/01/2020		
3LD- 00019	Building 3	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2020	01/01/2020		

Report Year: 2014 12042 F	Pacifica Hospital of the Valley	Sun Valley	Page:3 of 25					
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-00017 Building	ng 1	Retrofit/Replacement Project:	Yes-Submitted					
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Start Date Date	Project CEQA Complete Status Review d					
2042 I130014-19- 0 VSI: BLD-0 00 Reclassifica	0017, Bldg 01 for SPC-2 12/23/2013 ation 12:00:00 AW	12/23/2013	07/01/2019 ACTI No					
	ebuild, retrofit or replacement, provide the plus and projected Completion date or dates point(c)(1)(E).							
uilding No: BLD-00018 Building	ng 2	Retrofit/Replacement Project:	Yes-Submitted					
acility Project Sub lumber Number Num Scope	Date In	Plan Approved Start Date Date	Project CEQA Complete Status Review d					
2042 I130015-19- 0 VSI: BLD-0 00 Reclassifica	00018, Bldg 02 for SPC-2 12/23/2013 ation 12:00:00 AN	12/23/2013	07/01/2019 ACTI No					

Report Year: 2014 1	2042 Pacifica Hospital of the Valley		Sun Valley		Page:4 of 25			
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-00019	Building 3		Retrofit/Replacement Project:	Yes-Su	bmitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Date Date	Project Complete d	CEQA Status Review			
12042 I130016-19- 0 00	VSI: BLD-00019, Bldg 03 for SPC-2 Reclassification	12/23/2013 12:00:00 AM	12/23/2013	07/01/2019	ACTI No			
OSHPD FDD SB499 Report	Data Last Update: 12/17/2014	Submissi	on Date: 12/18/2014	Printed: 12/20/	2014 6:25 AM			

Report Year: 2014	12042 Pacific	a Hospital of the Valley	Sun Valley		Page:5 of 25			
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-00017 Building Name: Building 1								
Type of Service Provide	ed	_						
	npatient C Beds	Inpatient 0 Days	X Surgical	Obstetrical Recovery				
	npatient C Beds	Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
	npatient 24 Beds	Inpatient Days 399	Clinical Lab	X Emergency				
	npatient C Beds	Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine				
	npatient C Beds	Inpatient Days 0	X Pharmaceutical	Rehabilitation	วท			
	npatient C Beds	Inpatient Days 0	X AdministrationX Support	Renal Dialy	sis			
	npatient 34 3eds	Inpatient Days 8213	Services	Surgery				
		Beds this 58	Obstetrical Cesarean/Deliv	X Central Pla	nt			
OSHPD FDD SB499 Report	Data Last	t Update: 12/17/2014	Submission Date: 12/18/2014	Printed: 12/20/2	2014 6:25 AM			

Report Year: 2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:6 of 25				
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-00018 Building Name: Building 2								
Type of Service Prov	ided							
X Nursing	Inpatient Beds	48 Inpatient 8107 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 Beds	38 Inpatient Days 13888	Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 2548	Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this 102 Building	Cesarean/Deliv	X Central Plant				
OSHPD FDD SB499 Repor	t	Data Last Update: 12/17/2014	Submission Date: 12/18/2014	Printed: 12/20/2014 6:25 AM				

Report Year: 2014 12042	Pacifica Hospital of the Valley	Sun Valley	Page:7 of 25						
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-00019 Building Name: Building 3									
Type of Service Provided	Type of Service Provided								
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery						
X IntensiveCare Inpatient Beds	7 Inpatient Days 2125	Anesthesia	Newborn/ WellBaby						
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	X Clinical Lab	Emergency						
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine						
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy						
Intermediate Inpatient Care Beds	0 Inpatient Days 0		Renal Dialysis						
X Skilled Nursing Inpatient Beds	64 Inpatient Days 17657	X Support Services	Outpatient Surgery						
	Total Beds this 71 Building	Obstetrical Cesarean/Deliv	Central Plant						
OSHPD FDD SB499 Report	Data Last Update: 12/17/2014	Submission Date: 12/18/2014	Printed: 12/20/2014 6:25 AM						

Report Year: 20	12042 Pacifica H	lospital of the Valley		Sun Valley	Page:8 of 25			
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 Build	ling Name: Buildi	ng 1]			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 8213 Days			
Pediatric		intensive Care New Nursery	born	Intermediate Card				
Inpatient 24 Bed	Inpatient 399 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	58	58			
OSHPD FDD SB499 F	Report Data Last U	odate: 12/17/2014	Submission Date	: 12/18/2014 Printed	: 12/20/2014 6:25 AM			

Report Year: 20	014 12042 Pacifica I	Hospital of the Valley		Sun Valley	Page:9 of 25			
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 Build	ling Name: Build	ding 2					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 48 Bed	Inpatient 8107 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 38 Bed	Inpatient 1388 Days 8			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 16 Bed	Inpatient 2548 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
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 / 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	102	102			

Report Year: 20	12042 Pacifica H	lospital of the Valley		Sun Valley	Page:10 of 25			
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: Building 3								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	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 1765 Days 7			
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 / developm Disabled	nent			
Inpatient 7 Bed	Inpatient 2125 Days	Inpatient 0 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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	71	71			

Report Year: 2014	12042 Pacifica Hospital of the Valley	Sun Valley	Page:11 of 25
For all buildings at the fa	acility, indicate which ones are scheduled for general act	ute service removal.	

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00017	Building 1	Retrofit
BLD-00018	Building 2	Retrofit
BLD-00019	Building 3	Retrofit

Report Year:	2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:12 of 25
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No proposed new buildings to be constructed at this or another site.

Report Year: 2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:13 of 25			
lo data reported for Section 130061 (c)(2)(A), (B), or (C)							

Report Year:	2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:14 of 25			
o data reported for Section 130061(c)(2)(D).								

Report Year:	2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:15 of 25			
lo data reporte	o data reported for Section 130061(c)(2)(D.							

Report Year:	2014	12042	Pacifica Hospital of	the Valley		Sun Valley		Page:16 of 25
No data reported	lo data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any orresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).							
corresponding b	uliding site	s of project	numbers for building	s with a building Res		ebuild of Replace		0001(C)(Z)(E).

Report Year: 2014	4 12042	Pacifica Hospital of the Valley	Sun Valley	Page:17 of 25				
lo data reported for Section 130061(c)(3).								

Report Year: 201	14 12042 Pacifi	ca Hospital of the Valley	Sun Valley		Page:18 of 25		
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 Buildir	ng Name: Building 1					
Type of Service	e Provided						
		X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
	Nursing	X Anesthesia			Dialuaia		
	IntensiveCare		Obstetrical Recovery	Renal [Jiaiysis		
X	Pediatric/Adol escent	Clinical Lab	Newborn/	X Outpati Surgery			
	Psychiatric	X Radiological/ Imaging	WellBaby				
	Nursing	X Pharmaceutical	X Emergency	X Central	Plant		
	Obstetrical Ante/Postprtum	X Dietetic	X Nuclear Medicine	X Suppor Service	t s		
	Intermediate Care	X Administration					
X	Skilled Nursing						

Report Year: 201	4 12042 Pacific	a Hospital of the Valley	Sun Valley		Page:19 of 25			
	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 Building Name: Building 2								
Type of Service	e Provided							
		Surgical	X Obstetrical Cesarean/Deliv	Rehabi Therap				
X	Nursing	Anesthesia		Renal [Dialveis			
	IntensiveCare		X Obstetrical Recovery		Jiaiysis			
	Pediatric/Adol escent	Clinical Lab	X Newborn/ WellBaby	Outpati Surgery				
X	Psychiatric Nursing	Imaging Pharmaceutical		X Central	Plant			
X	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service	t			
	Intermediate Care							
	Skilled Nursing							
OSHPD FDD SB499 Re	eport Data Las	t Update: 12/17/2014 Subr	nission Date: 12/18/2014	Printed: 12/20/	/2014 6:25 AM			

Report Year: 201	14 12042 Pacific	a Hospital of the Valley	Sun Valley		Page:20 of 25			
	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 Building Name: Building 3								
Type of Service	e Provided							
		Surgical	Obstetrical Cesarean/Deliv	X Rehabil Therapy				
	Nursing	Anesthesia	_		Diskusia			
X	IntensiveCare		Obstetrical Recovery	Renal D	Jaiysis			
	Pediatric/Adol escent	X Clinical Lab	Newborn/	Outpation Surgery				
	Psychiatric Nursing	Radiological/ Imaging	WellBaby					
	. to	Pharmaceutical	Emergency	Central	Plant			
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Service				
	Intermediate Care	Administration						
X	Skilled Nursing							
OSHPD FDD SB499 R	eport Data Las	t Update: 12/17/2014 Sub	mission Date: 12/18/2014	Printed: 12/20/	/2014 6:25 AM			

Report Year: 2014 12042	Pacifica Hospital of the Valley	Sun Valley		Page:21 of 25				
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 Name: Building 1								
Configuration: Remove fro	n GAC service by 1/1/2030							
Type of Service Provided								
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehat Thera	bilitation py				
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renai	Dialysis				
X Pediatric/Adol escent	Clinical Lab							
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpa Surge					
Obstetrical Ante/Postprtum	X Pharmaceutical	X Emergency	X Centra	al Plant				
Intermediate Care	X Dietetic							
X Skilled Nursing	X Administration	X Nuclear Medicine	X Supp Servi					
OSHPD FDD SB499 Report	Data Last Update: 12/17/2014	Submission Date: 12/18/2014	Printed: 12/20/2	2014 6:25 AM				

Report Year: 2014 12042 Pacifica Hospital of the Valley						Sun Valley	Page:22 of 25	
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 Name: Building 2								
Configuration:	Remove from GA	AC service by	1/1/2030					
Type of Service Provided								
X Nu	ursing		Surgical	X	Obstei Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia			Dbstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		110001	ory.		
	sychiatric ursing		Radiological/ Imaging	X	Newbo WellBa			Outpatient Surgery
	bstetrical hte/Postprtum		Pharmaceutical		Emerg	jency	X	Central Plant
	termediate are	X	Dietetic		Nuclea	ar Medicine	x	Support
Sk	killed Nursing		Administration					Services
OSHPD FDD SB499 Report Data Last Update: 12/17/2014 Submission Date: 12/18/2014 Printed: 12/20/2014 6:25 AM								

Report Year: 2014 12042	Pacifica Hospital of the Valley	Sun Valley	Page:23 of 25					
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-00019 Building Name: Building 3								
Configuration: Remove from GAC service by 1/1/2030								
Type of Service Provided								
Nursing	Surgical		etrical X irean/Deliv	Reha Thera	bilitation IPy			
X IntensiveCare	Anesthesia	Obste Reco	etrical	Rena	l Dialysis			
Pediatric/Adol escent	X Clinical Lab							
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpa Surge				
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	rgency	Centr	al Plant			
Intermediate Care	Dietetic		ear Medicine		ort			
X Skilled Nursing	Administration		ear Medicine	Servi	Support Services			
OSHPD FDD SB499 Report	Data Last Update: 12/17/2014	Submission Date	e: 12/18/2014 Prir	nted: 12/20/	2014 6:25 AM			

Report Year:	2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:24 of 25
No data reported	d for Section	n 130061(e)		

Report Year:	2014	12042	Pacifica Hospital of the Valley	Sun Valley	Page:25 of 25		
lo data reported for Section 130061(e).							