## Office of Statewide Health Planning and Development Facilities Development Division

## 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:	10242				
Facility Name:	Central \	/alley General Hospital			
Address:	1025 N [	Douty St			
City:	Hanford				
Hospital Owner/Lice	ensee:	Adventist Healthcare			
Year of Reporting:		2015			
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]			
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]			
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]			
Name of Sub	mitter:	Daniel Yerushalmi			
Submission	n Date:	12/8/2015 10:25:12 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- 03070	1950 Building	1025 N Douty St	Rebuild	SPC5	01/01/2017	02/28/2016

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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-03070 1950 Building Retrofit/Replacement Yes-Submitted Project: Facility Project Projected Projected CEQA Sub Plan Approved Completion Date Status Start Date Number Number Num Scope Date Review Date In CLOS No 18194 HS022779-0 0 A NEW REPLACEMENT HOSPITAL 10/23/200 3/28/2007 04/12/2008 06/13/2011 2 12:00:00 AM FIEL No 18194 HS102557-0 0 NEW WOMEN'S CENTER ADDITION 12/21/201 2/19/2013 02/24/2014 12:00:00 AM

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	1(c)(1)(F)	
Building Number: BL	_D-03070	Building Name: 198	50 Building		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	<i>y</i> sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services  X Obstetrical	Outpatient Surgery	
		Total Beds this Building  0	Cesarean/Deliv	Central Pla	nt

Report Year: 2015 10242 Central Valley General Hospital Hanford Page:5 of 19 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03070 1950 Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Number Building Name		Building to be Removed / Replaced / Rebuilt		
BLD-00430	Main Building	Remain		
BLD-03070	1950 Building	Rebuild		

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List ALL proposed new buildings to be constructed 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					

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building I	Number: BLD-03070		1950 Building		Removal Date:	02/28/2016	
Planned	Uses for the building to	be remov	ved from acute care service:				
Planned	use for building:						
Inpatient	services currently deliv	ered in th	ne building:	[v]	Obstatrical	Dah ah ilitatian	
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	1
	IntensiveCare	X	Anesthesia	X	Obstetrical		
	Pediatric/Adol escent	X	Clinical Lab		Recovery	Renal Dialysi	s
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Central Plant	
	Intermediate Care	X	Dietetic		- ,		
	Skilled Nursing	X	Administration		Nuclear Medicine	X Support Services	

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No data reporte	No data reported for Section 130061(c)(2)(D).						

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No data reporte	No data reported for Section 130061(c)(2)(D).						

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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 acute care services and beds will be relocated to a new, Existing or retrofitted Surgical  N/A	d building?					
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		responding				
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted Anesthesia  N/A	d building?					
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		responding				
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted ClinicalLab  N/A	d 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:	BLD-03070 Building	Name: 1950 Building				
Will general acute	e care services and beds	will be relocated to a new, Exist	ting or retrofitted t	building?		
		rvices and beds will be relocated ngs with a Building Resolution o				
Building Number:	BLD-03070 Building					
Administration	N/A	will be relocated to a new, Exist	ting or retrotitted t	ouliding?		
		rvices and beds will be relocated ngs with a Building Resolution o				
Building Number:	BLD-03070 Building	Name: 1950 Building				
		will be relocated to a new, Exist	ting or retrofitted b	building?		
Support Services	N/A					

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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: BLD-03070 Building Name: 1950 Building						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted  Obstetrical Cesarean/Deliv  N/A	building?					
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
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?					
Obstetrical Recovery N/A	]					
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		responding				
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?					
Newborn/Well Baby N/A	]					

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No data reporte	d for Section	130061(c)	(3).		

Building Number: BLD-03070 Building Name: 1950 Building								
Type of Service Provided								
		X	Surgical	Х	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	X	Anesthesia					
	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	X	Clinical Lab				Outpatient	
	escent		Radiological/	X	Newborn/ WellBaby	Ш	Surgery	
	Psychiatric		Imaging		·			
	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum				Nuclear	X	Support	
	·	X	Dietetic		Medicine		Services	
	Intermediate Care							
	Cuio	X	Administration					
	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 acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-00430 Building Name: Main Building										
Configuration: N/A										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Necovery								
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							
	ı									

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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 acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-03070 Building Name: 1950 Building										
Configuration: N/A										
Type of Se	ervice Provided									
	Nursing	Surgical		etrical arean/Deliv		nabilitation erapy				
	IntensiveCare	Anesthesia		etrical overy	Rei	nal Dialysis				
	Pediatric/Adol escent	Clinical Lab		,						
	Psychiatric Nursing	Radiological/ Imaging		born/ Baby		patient gery				
	Obstetrical Ante/Postprtum	Pharmaceutic		rgency	Cer	ntral Plant				
	Intermediate	Dietetic		rgency		man lam				
	Care Skilled Nursing	Administration		ear Medicine		pport rvices				
		I								

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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: BLD-00430 Building Name: Main Building									
Type of Service Provided									
X	Nursing	Inpatient Beds	29		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
X	Obstetrical Ante/Postprtum	Inpatient Beds	20	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		49						

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## 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Days Bed Bed Days 49 49