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: Facility Name: Address: City:		Queen Of The Valley Medical Center 1000 Trancas St							
Hospital Owner/Lic	ensee:	Queen of the Valley Hospital / St. Joseph Health							
Year of Rep	oorting:	2015							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Bill Eveloff							
Submission	n Date:	12/11/2015 1:45:20 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	e Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
BLD- 01650	Main Hospital	1000 Trancas St	Rebuild	SPC5	01/01/2015	12/31/2014	
BLD- 01651	West Wing	1000 Trancas St	Rebuild	SPC5	01/01/2020	06/30/2019	

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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-01650

Main Hospital

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10362	IS081701-0	0	PPR-NEW 3 STORY NORTH ACUTE CARE BLDG/ADVANCED DIAGNOSTIC & SURGICAL PAVILLION	9/24/2008		04/27/2010		ACTI	No
10362	S142948-28 -00	0	SB 90 - QVMC Main Building Removal of Acute Care Services	12/22/201 4	10/6/2015 12:00:00 AM	02/15/2016	06/30/2016	OPEN	No
10362	SS102621-0	0	CHANGE OF USE CAN-2-3406A	12/27/201 0	8/12/2013 12:00:00 AM	12/27/2010	06/01/2019	FIEL	No

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-01651

West Wing

Retrofit/Replacement Project:

Yes-Submitted

Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10362	IS081701-0	0	PPR-NEW 3 STORY NORTH ACUTE CARE BLDG/ADVANCED DIAGNOSTIC & SURGICAL PAVILLION	9/24/2008		05/15/2010	12/15/2012	ACTI	No
10362	SS102621-0	0	CHANGE OF USE CAN-2-3406A	12/27/201 0	8/12/2013 12:00:00 AM	12/27/2010	06/01/2019	FIEL	No

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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: BLD-01650 Building Name: Main Hospital								
Type of Service Provided								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	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	ı			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	S			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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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: BL	.D-01651	Building Name: We	est Wing					
			I 🗆	Obstetrical				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	☐ Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	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 Support	Renal Dialysis X Outpatient				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:6 of 67 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01650 Main Hospital **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 Inpatient 0 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

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:7 of 67 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01651 West Wing **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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-01650	Main Hospital	Rebuild
BLD-01651	West Wing	Rebuild
BLD-01652	West Tower	Remain
BLD-01653	Conference Addition	Remain
BLD-01654	Link Corridor	Remain
BLD-01655	South Elevator Tower	Remain
BLD-01656	South Nursing Wing	Remain
BLD-01657	North Elevator Tower	Remain
BLD-01658	North Nursing Wing	Remain
BLD-01659	Maternity / Pediatrics	Remain
BLD-01660	Admitting / Lobby	Remain
BLD-01661	Radiology / Oncology Addition	Remain
BLD-01662	MRI Building	Remain
BLD-01663	Emergency Addition	Remain
BLD-01664	Emergency Canopy	Remain
BLD-02881	Canopy Addition	Remain
BLD-05462	Imaging Center Canopy	Remain
BLD-05463	Women's Center	Remain

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No proposed new buildings to be constructed at this or another site.								

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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	Building Number: BLD-01650 Main Hospital Removal Date:								
Planned	Uses for the build	ing to be rem	oved from acute care ser	vice:					
Planned	use for building:								
Inpatient	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	delivered in	surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine		Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services		

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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 N	Number: BLD-0165	51	West Wing			Removal Date:	[06/30/2019	
Planned l	Jses for the building	to be remove	ed from acute care service	:					
Planned	use for building:								
Inpatient services currently delivered in the building:									
	Nursing		Surgical	Ш	Obstetrical Cesarean/De	liv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery			Renal Dialysis	3
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Х	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency			Central Plant	
	Intermediate Care		Dietetic		Lineigency				
	Skilled Nursing		Administration		Nuclear Medicine		Ш	Support Services	

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				nd beds will be relocated to a Building Resolution of "R				
Building Number: West Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
OutpatientSurgery N/A								

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No data reported for Section 130061(c)(3).									

ding Number:	BLD-01650 Buildi	ng Name: M	ain Hospital				
ype of Servic	e Provided		Curainal		Obstetrical		Rehabilitation
_	Ni main n		Surgical	Ш	Cesarean/Deliv	Ш	Therapy
	Nursing		Anesthesia				
	IntensiveCare			Ш	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
	escent		Radiological/		Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging		_		
	· ·		Pharmaceutical	Ш	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
			Dietetic				
	Intermediate Care		Administration				
			Administration				
Ш	Skilled Nursing						

eport Year: 201		ueen Of The Valley	Medical Center	, gonoral	Napa	building t	Page:17 of 6	37
per Section 130061		Inpatient service ti	lat is provided in any	general	acute care nospital		Hat is faled SPC-1	
Building Number:	BLD-01651 Bui	ilding Name: W	est Wing					
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Reliai Dialysis	
	Pediatric/Adol escent				Newborn/	X	Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
_	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		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-01650	Building Name: Main Hospital									
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	recovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical	Pharmaceutical									
Ante/Postprtum		Emergency	Central Plant							
Intermediate	Dietetic									
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services							
_ _	I									

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Report the final co equirements who per Section 13000	ether by retrofit or by re	ngs on the placement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each geno	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-01651 E	Building Na	me: West Wing				
Configuration:	N/A						
Type of Service	ce Provided						_
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
II	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		0
	uno, rocipitam		Dietetic		Emergency		Central Plant
	ntermediate Care		210.00.10		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services
			Administration		Nucleal Medicine		Services

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Report the final configurequirements whether be per Section 130061(c)(5	y retrofit or by replacen	the hospital campus showin nent and the type of service t	g how each hat will be pı	building will comply with rovided in each general a	the SPC-5/NF acute care hos	PC-4 or 5 spital building
Building Number: BLI	D-01652 Building	Name: West Tower				
Configuration: N/A	A					
Type of Service Pro	vided					
Nursing		Surgical		stetrical sarean/Deliv	Reha Thera	abilitation apy
Intensi	veCare	Anesthesia		stetrical	Rena	al Dialysis
Pediatr escent	ic/Adol	Clinical Lab	T C	oovory		
Psychia Nursin		Radiological/ Imaging		wborn/ ellBaby	Outpa Surge	
Obsteti Ante/P	rical ostprtum	Pharmaceutical	En	nergency	Centi	ral Plant
Interme Care	ediate	Dietetic	☐ Nu	clear Medicine	Supp	oort
Skilled	Nursing	Administration			Serv	rices

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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:	uilding Number: BLD-01653 Building Name: Conference Addition										
Configuration:	onfiguration: N/A										
Type of Service	Provided										
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Ped	diatric/Adol cent		Clinical Lab		recovery						
Psy Nur	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical :e/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support				
Skil	lled Nursing		Administration				Services				

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eport the final co quirements whe er Section 13006	ether by retrofit or by r	lings on the eplacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-01654	Building Na	me: Link Corridor				
Configuration:	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical		_		
	·		Dietetic		Emergency		Central Plant
	ntermediate Care				Nuclear Medicine		Support Services
S	Skilled Nursing		Administration				Convious

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Report the final conf requirements whether per Section 130061	er by retrofit or by re	lings on the eplacement a	nospital campus showin and the type of service t	g how e hat will t	ach building will comply w be provided in each gener	ith the SP0 al acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number: BLD-01655 Building Name: South Elevator Tower											
Configuration:	Configuration: N/A										
Type of Service I	Provided										
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Ped esc	diatric/Adol ent		Clinical Lab		Recovery						
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support				
Skil	led Nursing		Administration	_		_	Services				

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	whether by retrofit or by				ach building will comply voe provided in each gene		
Building Num	ber: BLD-01656	Building Nan	ne: South Nursing Win	ıg			
Configuration	on: N/A						
Type of Se	ervice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient irgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Ce	entral Plant
	Intermediate Care		Dietetic		Nuclear Medicine		upport
	Skilled Nursing		Administration		Nuclear Medicine	□ S	ervices

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Report the final configura requirements whether by per Section 130061(c)(5)	retrofit or by replacement	hospital campus showing and the type of service the	g how ea	ach building will comply with ee provided in each general	the SPC acute car	-5/NPC-4 or 5 e hospital building					
Building Number: BLD-01657 Building Name: North Elevator Tower											
Configuration: N/A	Configuration: N/A										
Type of Service Prov	rided										
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Intensive	eCare	Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
Pediatrio escent	c/Adol	Clinical Lab		Necovery							
Psychiat Nursing	tric	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
Obstetrio		Pharmaceutical		Emergency		Central Plant					
Intermed Care	diate	Dietetic		Nuclear Medicine		Support					
Skilled N	Nursing	Administration		Tradical Micalcine		Services					

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Report the final configuration requirements whether by report Section 130061(c)(5)	ion of all buildings on the retrofit or by replacement	hospital campus showing and the type of service the	g how ea	ach building will comply witl be provided in each general	n the SPC- acute care	5/NPC-4 or 5 e hospital building					
Building Number: BLD-01658 Building Name: North Nursing Wing											
Configuration: N/A	Configuration: N/A										
Type of Service Provide	ded										
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Intensive	Care	Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
Pediatric// escent	Adol	Clinical Lab		Recovery							
Psychiatri Nursing	ic	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery					
Obstetrica Ante/Post		Pharmaceutical		Emergency		Central Plant					
Intermedia Care	ate	Dietetic		Nuclear Medicine		Support					
Skilled Nu	ursing	Administration				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 acute care hospital building per Section 130061(c)(5)											
Building Number:	uilding Number: BLD-01659 Building Name: Maternity / Pediatrics										
Configuration:	onfiguration: N/A										
Type of Service	Provided										
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		recovery						
Psy Nui	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support				
Ski	lled Nursing		Administration				Services				

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Report the final conf requirements whether per Section 130061	er by retrofit or by re	ings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply wo be provided in each gener	ith the SP0 al acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01660	Building Nar	me: Admitting / Lobby				
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Peo	diatric/Adol ent		Clinical Lab		recovery		
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Skil	lled Nursing		Administration				Services

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Report the final confi requirements whethe per Section 130061(er by retrofit or by re	ngs on the I placement a	nospital campus showing and the type of service the	g how ea	ach building will comply wit e provided in each genera	h the SPC I acute car	-5/NPC-4 or 5 re hospital building
Building Number:	BLD-01661 E	Building Nan	ne: Radiology / Oncolo	gy Addi	tion		
Configuration:	N/A						
Type of Service F	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Pedi esce	iatric/Adol ent		Clinical Lab		Recovery		
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inter Care	rmediate e		Dietetic		Nuclear Medicine		Support
Skill	ed Nursing		Administration				Services

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Report the final configuration of all requirements whether by retrofit or per Section 130061(c)(5)	buildings on the hospital campus show by replacement and the type of servic	wing how each building will comply te that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
Building Number: BLD-01662	Building Name: MRI 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	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration		Services

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Report the final conf requirements wheth per Section 130061(er by retrofit or by re	lings on the eplacement	hospital campus showir and the type of service	ng how e that will t	ach building will comply woe provided in each gener	vith the SPoral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01663	Building Nar	ne: Emergency Additi	on			
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Ped	diatric/Adol ent		Clinical Lab		Recovery		
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate e		Dietetic		Nuclear Medicine		Support
Skil	lled Nursing		Administration				Services

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	ner by retrofit or by re				ach building will comply wi be provided in each genera	
Building Number:	BLD-01664	Building Nar	me: Emergency Canop	У		
Configuration:	N/A					
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
Psy Nu	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine	Support
Ski	illed Nursing		Administration			Services

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Report the final confirequirements whether per Section 130061(er by retrofit or by re	ings on the heplacement a	nospital campus showing and the type of service the	g how ea	ach building will comply wi be provided in each genera	th the SP0 Il acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02881	Building Nan	ne: Canopy Addition				
Configuration:	N/A						
Type of Service F	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Ped esce	liatric/Adol ent		Clinical Lab		recovery		
Psyd Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inter	rmediate e		Dietetic		Nuclear Medicine		Support
Skill	led Nursing		Administration				Services

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	r by retrofit or by rep				ach building will comply with e provided in each general	
Building Number:	BLD-05462 Bu	uilding Nar	ne: Imaging Center Ca	nopy		
Configuration:	N/A					
Type of Service P	rovided					
Nurs	ing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inten	siveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
Pedia esce	atric/Adol nt		Clinical Lab		Recovery	
Psyc Nurs	hiatric		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	etrical /Postprtum		Pharmaceutical		Emergency	Central Plant
Interi Care	mediate		Dietetic		Nuclear Medicine	Support
Skille	ed Nursing		Administration			Services

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Report the final con- requirements wheth per Section 130061	ner by retrofit or by r	lings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SP0 ral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-05463	Building Nar	me: Women's Center				
Configuration:	N/A						
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	lled Nursing		Administration				Services

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Include informatio and SPC-5 per Se	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-01652	Building Na	ame: We	est Tower						
Type of Service	Provided									
X Nursing	Inpatient Beds	18	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Fherapy		
IntensiveCa	are Inpatient Beds	0	X	Anesthesia						
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obstetrical Ante/Postp	Inpatient rtum Beds	0	X	Pharmaceutical	×	Emergency	X	Central Plant		
Intermediat Care	e Inpatient Beds	0	X	Dietetic	X	Nuclear Medicine	X	Support Services		
Skilled Nur	sing Inpatient Beds	0		Administration						
Total Beds Building	this	18								

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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 Nu	umber: BLD)-01653	Building Name:	Co	onference Addition						
Type of S	Service Prov	ided									
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inter	nsiveCare	Inpatient Beds	0		Anesthesia						
Pedi esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
Inter Care	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services		
Skille	ed Nursing	Inpatient Beds	0		Administration						
Tota Build	ll Beds this ding		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 Numb	er: BLD-01654	Building Nar	ne: Link Corrid	or								
Type of Serv	ice Provided											
Nursing	Inpatient Beds	0	Surgic	al	Obstetrical Cesarean/Deliv	Reha	bilitation apy					
Intensive	eCare Inpatient Beds	0	Anesth	esia								
Pediatrio escent	c/Adol Inpatient Beds	0	Clinical	l Lab	Obstetrical Recovery	Rena	ıl Dialysis					
Psychia Nursing	tric Inpatient Beds	0	Radiolo Imagin		Newborn/ WellBaby	Outp Surg	atient ery					
Obstetri Ante/Po		0	Pharma	aceutical	Emergency	Cent	ral Plant					
Intermed Care	diate Inpatient Beds	0	Dietetio		Nuclear Medicine	Supp Servi						
Skilled N	Nursing Inpatient Beds	0	Admini	stration								
Total Be 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-01655	Building Na	me: So	outh Elevator Tower					
Type of Service Pro	ovided								
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 n Beds	0		Pharmaceutical		Emergency		Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		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: BLI	D-01656	Building N	ame: So	outh Nursing Wing						
Type of Service Prov	vided									
X Nursing	Inpatient Beds	50		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy			
X IntensiveCare	Inpatient Beds	16		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant			
Intermediate Care	Inpatient Beds	0	Ш	Dietetic	Nuclear Medicine	Supp Serv				
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		66								

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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-01657	Building Na	me: North	Elevator Tower						
Type of Service Pro	vided									
Nursing	Inpatient Beds	0	S	urgical	Obstetrical Cesarean/Deliv	Rehal Thera	pilitation py			
IntensiveCare	Inpatient Beds	0	Ar	nesthesia						
Pediatric/Adol escent	Inpatient Beds	0	CI	inical Lab	Obstetrical Recovery	Renal	Dialysis			
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outpa Surge				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pr	narmaceutical	Emergency	Centra	al Plant			
Intermediate Care	Inpatient Beds	0	∐ Di	etetic	Nuclear Medicine	Suppo Service	ort ces			
Skilled Nursing	Inpatient Beds	0	Ad	dministration						
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-01658	Building Na	ame: Nort	h Nursing Wing						
Type of Service Pro	vided									
X Nursing	Inpatient Beds	72		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Rena	l Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	Outpa Surge				
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centr	al Plant			
Intermediate Care	Inpatient Beds	0	□ ,	Dietetic	Nuclear Medicine	Supp Servi	ort ces			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		72								

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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: BLI	D-01659	Building N	ame: Ma	aternity / Pediatrics							
Type of Service Prov	<u>/ided</u>										
X Nursing	Inpatient Beds	7		Surgical	X Obstetrical Cesarean/Deliv	Reha	abilitation apy				
X IntensiveCare	Inpatient Beds	6	X	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Rena	al Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	atient ery				
Obstetrical X Ante/Postprtum	Inpatient Beds	22		Pharmaceutical	Emergency	Cent	ral Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi					
Skilled Nursing	Inpatient Beds	0		Administration							
Total Beds this Building		35									

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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)											
Buildir	ng Number: BLE	D-01660	Building Name	e: Ac	lmitting / Lobby						
<u>Type</u>	of Service Prov	ided									
	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		Support Services		
	Skilled Nursing	Inpatient Beds	0	X	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: BLI	D-01661	Building N	lame: Radiology / Oncology A	ddition						
Type of Service Prov	vided									
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	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	g Number: BLD	0-01662	Building Name:	MF	RI Building						
Type o	of Service Prov	ided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

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Include information on and SPC-5 per Section		inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-01663	Building N	lame: Emergency Addition		
Type of Service Pro	vided				
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	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)											
Buildin	g Number: BLD)-01664	Building Name:	Em	nergency Canopy						
<u>Type</u>	of Service Prov	ided									
<u> </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		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: BLD-02881 Building Name: Canopy Addition									
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		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: BLD-05462 Building Name: Imaging Center 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	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: BLD-05463 Building Name: Women's Center								
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	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:52 of 67 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) BLD-01652 **Building Name:** West Tower **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 18 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 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 Days Bed Bed 18 18

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:53 of 67 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) BLD-01653 Conference Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:54 of 67 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) BLD-01654 Link Corridor **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:55 of 67 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) BLD-01655 South Elevator Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:56 of 67 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) BLD-01656 South Nursing Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 50 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 5252 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 16 Inpatient 3638 Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 66 66

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:57 of 67 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) BLD-01657 North Elevator Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:58 of 67 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) BLD-01658 North Nursing Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 58 Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 13967 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 14 Inpatient 0 2728 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 Inpatient 0 0 Bed Days Bed Days 72 72

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:59 of 67 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) BLD-01659 Maternity / Pediatrics **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 22 2339 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 6 1043 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 35 35

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:60 of 67 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) BLD-01660 Admitting / Lobby **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:61 of 67 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) BLD-01661 Radiology / Oncology Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:62 of 67 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) BLD-01662 MRI Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:63 of 67 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) BLD-01663 **Emergency Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:64 of 67 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) BLD-01664 **Emergency Canopy Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:65 of 67 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) BLD-02881 Canopy Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:66 of 67 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) BLD-05462 Imaging Center Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10362 Queen Of The Valley Medical Center Napa Page:67 of 67 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) BLD-05463 Women's Center **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 Inpatient 0 0 Bed Days Bed Days 0 0