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:	: 10848								
Facility Name:	Santa Yı	nez Valley Cottage Hospital							
Address:	2050 Vib	oorg Rd.							
City:	Solvang								
Hospital Owner/Lice	ensee:	Cottage Health System; Sole Corporate Member							
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 Ad	dress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Brooks Larson							
Submission	n Date:	12/11/2015 5:05:31 PM							

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00896	Hospital Building	2050 Viborg Rd.	Retrofit	SPC2	09/01/2015	06/30/2015

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00896 Hospital Building Retrofit/Replacement Yes-Submitted Project: Facility Project Projected Projected CEQA Sub Plan Approved Completion Date Status Start Date Number Number Num Scope Date Review Date In 10848 HS061307-0 0 ADDITIONS & ALTERATIONS OF SANTA 7/7/2006 3/28/2008 04/02/2008 06/30/2015 FIEL No YNEZ VALLEY COTTAGE HOSP 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 13006	1(c)(1)(F)	
Building Number: BL	.D-00896	Building Name: Ho	ospital Building		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0 Building	X Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery X Central Plai	nt
		Salaing			

Report Year: 2015 10848 Santa Ynez Valley Cottage Hospital Solvang Page:5 of 20 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number: Building Name:** Hospital Building BLD-00896 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.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00896	Hospital Building	Retrofit
BLD-00897	Emergency Services Building	Remain
BLD-03116	ER Canopy	Rebuild

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List ALL prop	osed new buildings to be constructed at this or	another site.	
Building Number	Building Name	New Site	
N_1	Patient Room and Imaging Dept. Addit	tion	

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No data reported	d for whethe	r the genera	al acute care services	and beds will be relocated to	a n	new, existing or retrofitted building a build" or "Replace" per Section 130	and any
corresponding bi	ullullig sites	or project i	idifibers for buildings	with a building resolution of	I C	build of Replace per Section 130	001(c)(2)(L).

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ding Number:	BLD-00896 Buildi	ng Name: H	ospital Building				
Гуре of Service	e Provided	l v			0 1		Dahahilitatian
		X X	Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
	Nursing	X	Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab			Х	Outpatient
Ш	escent		Radiological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging				
	-	X	Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Diotatia		Nuclear Medicine	X	Support Services
		X	Dietetic		Medicinio		00.1.000
	Intermediate Care	X	Administration				
	Obilla d Novacia a						
	Skilled Nursing	I					

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	dings on the hospital campus showi replacement and the type of service	ing how each building will comply w that will be provided in each gener	rith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00896	Building Name: Hospital 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	Dietetic	Emergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing	_		

port the final cor uirements wheth Section 130061	her by retrofit or by re	ings on the eplacement	hospital campus show and the type of service	ing how e that will	ach building will comply be provided in each geno	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
ilding Number:	BLD-00897 E	Building Na	me: Emergency Serv	rices Build	ina		
Configuration:	N/A			Tood Balle	9		
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				Central Flant
Ca Sk	illed Nursing		Administration		Nuclear Medicine	Ш	Support Services

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Report the final configuration requirements whether by ret per Section 130061(c)(5)	n of all buildings on the rofit or by replacement	hospital campus showir and the type of service	ng how e that will b	ach building will comply be provided in each gene	with the SPC- eral acute care	5/NPC-4 or 5 e hospital building
Building Number: BLD-03	116 Building Na	ime: ER Canopy				
Configuration: N/A						
Type of Service Provide	d					
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCa	re	Anesthesia		Obstetrical Recovery	F	Renal Dialysis
Pediatric/Adescent	dol	Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
Obstetrical Ante/Postpr	tum	Pharmaceutical		Emergency		Central Plant
Intermediate Care		Dietetic		Nuclear Medicine		Support
Skilled Nurs	sing	Administration				Services

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Includ and S	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-00897 Building Name: Emergency Services Building									
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include infor and SPC-5 p			npatient beds by	type of S	Service provided by bu	uilding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Building Nur	mber: BLE	D-03116	Building Nam	ne: ER	Canopy				
Type of Se	rvice Prov	rided							
Nursir	ng	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escen	tric/Adol nt	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psych Nursir		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste Ante/F	etrical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interm Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled	d Nursing	Inpatient Beds	0		Administration				
Total Buildi	Beds this ng		0						

Solvang Report Year: 2015 10848 Santa Ynez Valley Cottage Hospital Page:19 of 20 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00897 **Building Name: Building Number: Emergency Services Building** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 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 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 Davs Bed Bed Days 0 0

Report Year: 2015 10848 Santa Ynez Valley Cottage Hospital Solvang Page:20 of 20 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03116 **ER 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