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:	11098							
Facility Name:	Central V	alley Specialty Hospital						
Address:	730 17th	Street						
City:	Modesto							
Hospital Owner/Licensee:		Jaswinder Singh(Partner/Owner)						
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	omitter:	William Alexander, Architect						
Submission	n Date:	12/10/2015 4:26:49 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- 01551	Orig Hospital Bldg & Add - Bldg III	730 17th Street	Retrofit	SPC2	01/01/2020	06/15/2019	

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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-01551	Orig Hospital Bldo	g & Add - Bldg III	Retrofit/Re Project:	eplacement	Hazus-Su	ıbmitted	
Facility Proje		Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11098 I15000 00)2-50- 0		12/30/201 4				ACTI	No

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01551 Building Name: Orig Hospital Bldg & Add - Bldg III									
Type of Service Prov	<u>ided</u>								
X Nursing	Inpatient Beds	30 Inpatient 5616 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 X Dietetic	X Rehabilitation	on				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	sis				
X Skilled Nursing	Inpatient Beds	4 Inpatient Days 8332	X Support Services	Outpatient Surgery					
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	nt				

Report Year: 2015 11098 Central Valley Specialty Hospital Modesto 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:** Orig Hospital Bldg & Add - Bldg III BLD-01551 Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 30 Inpatient | 5616 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 8332 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Bed Days **Intensive Care** Rehabilitation Int. Care / development Center **Disabled**

Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Bed Davs Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 34 Inpatient Inpatient Inpatient 34 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-01551	Orig Hospital Bldg & Add - Bldg III	Retrofit		
BLD-01552	1978 Hospital Building - Bldg I	Remain		
BLD-03534	Building II	Remain		

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No proposed ne	ew buildings	to be constr	ructed at this or another site.		

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Report Year: Modesto 2015 11098 Central Valley Specialty Hospital Page:9 of 20 No data reported for Section 130061(c)(2)(D).

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No data reported	d for whethe	er the genera	al acute care servic	es and beds will be	e relocated to a	new, existing or a	etrofitted building a	and any
corresponding by	ullullig sites	or project i	idinibers for building	gs with a building i	vesolution of the	ebulia of Repla	se per declion 130	001(0)(2)(L).

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

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Report any general per Section 130061	acute care hospital inpa	tient service t	nat is provided in any	general	acute care hospital l	ouilding t	hat is rated SPC-1
Building Number:	BLD-01551 Buildin	g Name: O	rig Hospital Bldg & Ac	ld - Bldg	III		
Type of Service	e Provided	. —		_			
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia				
П	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		•		Outpatient
	escent		Radiological/		Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging				
	Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum				Nuclear	Х	Support
		X	Dietetic		Medicine		Services
	Intermediate Care						
		X	Administration				
X	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-01551 Building Name: Orig Hospital Bldg & Add - Bldg III									
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	X 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	X Dietetic	Nuclear Medicine	X Support						
X Skilled Nursing	X 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: BLD-01552 Building Name: 1978 Hospital Building - Bldg I									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided								
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
Ps Nu	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical nte/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	termediate are		Dietetic		Nuclear Medicine	Х	Support		
X Sk	xilled Nursing	X	Administration		Nacical Medicine		Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)										
Building Number	Building Number: BLD-03534 Building Name: Building II									
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5										
Type of Servi	ice Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		receivery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support			
	Skilled Nursing		Administration	_			Services			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-01552 Building Name: 1978 Hospital Building - Bldg I									
Type of Service Provided									
X	Nursing	Inpatient Beds	37		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
X	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		37						

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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-03534 Building Name: Building II									
Type of Service Provided									
X	Nursing	Inpatient Beds	29		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	С	entral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine		upport ervices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		29						

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number:	_D-01552 Buildi	ing Name: 1978 Hospital Building - Bldg I					
Medical / Surgical (Incl	ude GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 37 Bed	Inpatient 6927 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Days				
Perinatal (Exclude New	vborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Days				
Pediatric		Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Coronary Care Inpatient 0 Bed	Inpatient 0 Days	Chemical Dependency Inpatient 0 Inpatient 0 Bed Days	Total Beds this Building Per Unit Total Beds this Building Per Service 37				

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