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 Y | ear of Report per Section 130061(e) | | | | | | | |
|----------------------|-------------|-----------------------------------------------|--|--|--|--|--|--|--|
| Facility Number: | 13181 | 13181 | | | | | | | |
| Facility Name: | St Johns P | leasant Valley Hospital | | | | | | | |
| Address: | 2309 Antor | nio Ave | | | | | | | |
| City: | Camarillo | | | | | | | | |
| Hospital Owner/Lic | censee: | St. John's Pleasant Valley Hospital | | | | | | | |
| Year of Reporting: | | 2015 | | | | | | | |
| Contact 1 e-mail A | ddress: | [Confidential data left blank intentionally.] | | | | | | | |
| Contact 2 e-mail A | ddress: | [Confidential data left blank intentionally.] | | | | | | | |
| Contact 3 e-mail Ac | ddress:: | [Confidential data left blank intentionally.] | | | | | | | |
| Name of Sul | bmitter: | Karl Wagner | | | | | | | |
| Submissio | n Date: | 12/10/2015 1:49:15 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. | Building Name Alternate Building Address | | Building | Final SPC Rating | Extension | Anticipated |
|---------------|------------------------------------------|------------------|------------|------------------|------------|-----------------|
| No. | | | Resolution | If Required | Date | Completion Date |
| BLD- 00209 | Main Hospital | 2309 Antonio Ave | Rebuild | SPC5 | 01/01/2020 | 12/01/2017 |

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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 | Building No: BLD-00209 Main Hospital | | | | | eplacement | Yes-Submitted | | | |
|--------------------|--------------------------------------|------------|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------|------------------------------|--------|----------------|--|
| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Projected Start Date | Projected Completion Date | Status | CEQA Review | |
| 13181 | I140007-56- 00 | 0 | SB 90 for SJPV/13181: To Relocate Required Services to Seismically Compliant New Addition Building | 9/25/2014 | | 06/01/2015 | 12/01/2017 | ACTI | No | |

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|---------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|---------------------------|--------------|--|--|--|
| Provide the number o | 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-00209 | Building Name: Ma | ain Hospital | | | | | |
| Type of Service Prov | <u>vided</u> | | | | | | | |
| X Nursing | Inpatient Beds | 66 Inpatient 10215 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 | Clinical Lab | Emergency | / | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| X Obstetrical Ante/Postprtum | Inpatient Beds | 7 Inpatient Days 0 | X Pharmaceutical X Dietetic | X Rehabilitati Therapy | ion | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialy | ysis . | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services X Obstetrical | Outpatient Surgery | | | | |
| | | Total Beds this Building 73 | Cesarean/Deliv | Central Pla | int | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:5 of 37 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Main Hospital BLD-00209 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 66 Inpatient 1021 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 5 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 Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 73 73 Inpatient Inpatient Inpatient 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 Name | Building to be Removed / Replaced / Rebuilt | | | |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Main Hospital | Rebuild | | | |
| Central Plant/ Utilities Building | Remain | | | |
| Ancillary Building | Remain | | | |
| Ambulatory Surgery Center | Remain | | | |
| ER Entrance Canopy | Remain | | | |
| Skilled Nursing Building | Remain | | | |
| ED Addition | Remain | | | |
| | Main Hospital Central Plant/ Utilities Building Ancillary Building Ambulatory Surgery Center ER Entrance Canopy Skilled Nursing Building | | | |

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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 Tower | | |
| | | | |

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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 Number: BLD-00209 Main Hospital Removal Date: | | | | | | | | | |
| Planned l | Jses for the buildir | ng to be remov | ed from acute care | service: | | | | | |
| Planned Uses for the building to be removed from acute care service: Planned use for building: Other Jurisdiction: | | | | | | | | | |
| | L | | re Hospital Function | ns | | | | | |
| <u>Inpatient</u> : | services currently | delivered in the | e building: | | | _ | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | , <u>X</u> | Rehabilitation Therapy | | |
| | IntensiveCare | X | Anesthesia | | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | X | Obstetrical Recovery | | Renal Dialysis | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery | | |
| X | Obstetrical Ante/Postprtum | X | Pharmaceutical | | · | X | Central Plant | | |
| | Intermediate Care | X | Dietetic | _ | Emergency | | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |

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Report Year: St Johns Pleasant Valley Hospital 2015 13181 Camarillo Page:10 of 37 No data reported for Section 130061(c)(2)(D).

St Johns Pleasant Valley Hospital Report Year: 13181 Page:11 of 37 2015 Camarillo 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) BLD-00209 **Building Name:** Main Hospital Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing Relocated to new building **New Building** RetroFitted Building Other SPC2-SPC5 Building N_1-Replacement Tower 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) BLD-00209 **Building Name:** Main Hospital Building Number: Will general acute care services and beds will be relocated to a new. Existing or retrofitted building? Obstetrical Ante Removed from hospital services Postprtum 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) BLD-00209 Main Hospital Building Name: Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Surgical Relocated to new building New Building RetroFitted Building Other SPC2-SPC5 Building N_1-Replacement Tower

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:12 of 37 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) Main Hospital BLD-00209 Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Relocated to new building Anesthesia RetroFitted Building **New Building** Other SPC2-SPC5 Building N_1-Replacement Tower 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 Name:** Main Hospital BLD-00209 Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pharmaceutical Relocated to new building **New Building** RetroFitted Building Other SPC2-SPC5 Building N_1-Replacement Tower

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:13 of 37 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) Main Hospital BLD-00209 Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Dietetic Relocated to new building RetroFitted Building **New Building** Other SPC2-SPC5 Building N_1-Replacement Tower 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) BLD-00209 **Building Name:** Main Hospital Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Relocated to other building Administration **New Building** RetroFitted Building Other SPC2-SPC5 Building BLD-00211-Ancillary Building

Report Year: St Johns Pleasant Valley Hospital Camarillo Page:14 of 37 2015 13181 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) BLD-00209 Main Hospital Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Relocated to new & other Building Support Services **New Building** RetroFitted Building Other SPC2-SPC5 Building N_1-Replacement Tower BLD-00211-Ancillary Building 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) BLD-00209 Main Hospital **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Removed from hospital services Cesarean/Deliv 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) Main Hospital BLD-00209 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Recovery Removed from hospital services

St Johns Pleasant Valley Hospital Report Year: Page:15 of 37 2015 13181 Camarillo 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) BLD-00209 Main Hospital Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Removed from hospital services Newborn/Well Baby 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) BLD-00209 Main Hospital Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Removed from hospital services Therapy 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) BLD-00209 **Building Name:** Main Hospital Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Medical/Surgical Relocated to new building (Include GYN) **New Building** RetroFitted Building Other SPC2-SPC5 Building N_1-Replacement Tower

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|---------------------------------------|--------------------------|------------------------------------------------------------------------------------|-------------|---------------|
| | | nd beds will be relocated to a new, exist a Building Resolution of "Rebuild" or "R | | |
| Number: | D-00209 Building Name: | Main Hospital elocated to a new, Existing or retrofitted | d building? | |
| Perinatal (exclude Newborn / GYN)) | Removed from hospital se | rvices | | |
| | | | | |

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| ling Number: | BLD-00209 Buildin | ng Name: M | ain Hospital | | | | |
|----------------|-------------------------------|------------|-------------------------|---|-------------------------------|---|---------------------------|
| ype of Service | e Provided | X | Surgical | X | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X | Nursing | X | Anesthesia | X | Obstetrical | | Renal Dialysis |
| | IntensiveCare | | Clinical Lab | | Recovery | | |
| | Pediatric/Adol escent | | Radiological/ | X | Newborn/ WellBaby | | Outpatient Surgery |
| | Psychiatric Nursing | | Imaging Pharmaceutical | | Emergency | | Central Plant |
| X | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | 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-00209 Building Name: Main Hospital | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Servic | e Provided | | | | | | | | | |
| N | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| In | ntensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | | |
| | sychiatric Iursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | Obstetrical Inte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | |
| ☐ In | ntermediate | | Dietetic | | Lineigency | | Central Flant | | | |
| | care skilled Nursing | X | Administration | | Nuclear Medicine | | Support 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-00210 Building Name: Central Plant/ Utilities Building | | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | R | Renal Dialysis | | | | |
| | diatric/Adol cent | | Clinical Lab | | recovery | | | | | | |
| | ychiatric ırsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical | | Pharmaceutical | | | | | | | | |
| Ш An | te/Postprtum | | | | Emergency | X C | Central Plant | | | | |
| Into Ca | ermediate ire | X | Dietetic | | Nuclear Medicine | | Support | | | | |
| Sk | illed Nursing | | 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-00211 Building Name: Ancillary Building | | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| X Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | X | Renal Dialysis | | | |
| | diatric/Adol cent | X | Clinical Lab | | Recovery | | | | | |
| | ychiatric rsing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | stetrical te/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant | | | |
| | ermediate | | Dietetic | | • • | | Ochida Fidin | | | |
| Car Ski | re illed Nursing | | Administration | X | Nuclear Medicine | | Support Services | | | |
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|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| | | | | | | | | | | | |
| er: BLD-00212 | Building Nan | ne: Ambulatory Surg | ery Cente | r | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | |
| vice Provided | | | | | | | | | | | |
| Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| IntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis | | | | | |
| Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | | |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| Intermediate | | Dietetic | | Emergency | | Central Plant | | | | | |
| Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | | |
| (| I configuration of all but whether by retrofit or by 20061(c)(5) er: BLD-00212 : Retrofit Conformit vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum | Configuration of all buildings on the hybether by retrofit or by replacement at 20061(c)(5) Concept | Configuration of all buildings on the hospital campus show whether by retrofit or by replacement and the type of service 20061(c)(5) Per: BLD-00212 | Configuration of all buildings on the hospital campus showing how exhether by retrofit or by replacement and the type of service that will be 2061(c)(5) Per: BLD-00212 | Configuration of all buildings on the hospital campus showing how each building will comply whether by retrofit or by replacement and the type of service that will be provided in each gen 2061(c)(5) Per: BLD-00212 | Configuration of all buildings on the hospital campus showing how each building will comply with the SF whether by retrofit or by replacement and the type of service that will be provided in each general acute of 20061 (c)(5) Per: BLD-00212 | | | | | |

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|---------------------------------------------------------------|-------------------------------|---------------|--------------------------|------|-----------------------------------------------------|--|---------------------------|--|--|--|--|
| | ether by retrofit or by | | | | ach building will comply be provided in each gen | | | | | | |
| uilding Number | : BLD-00213 | Building Na | me: ER Entrance Ca | nopy | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | |
| Type of Servi | ce 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 Skilled Nursing | | Administration | | Nuclear Medicine | | Support 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: | | | | | | | | | | | | | |
| Configuration: | Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | | | | |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | | |
| In | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | | |
| | bstetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | | |
| | termediate | | Dietetic | | - ' | | | | | | | | |
| | are killed Nursing | | Administration | | Nuclear Medicine | | Support 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-05209 | Building Na | me: ED Addition | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | bstetrical nte/Postprtum | | Pharmaceutical | Х | Emergency | | Central Plant | | | | | |
| | termediate are | | Dietetic | | Nuclear Medicine | П | Support | | | | | |
| Sk | killed 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) | | | | | | | | | | |
| Buildi | Building Number: BLD-00210 Building Name: Central Plant/ Utilities 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 | | Emergency | X | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | | Nuclear Medicine | X | 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: BLC |)-00211 | Building Name | e: Ar | ncillary Building | | | | | | |
| Type o | of Service Prov | ided | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X II | ntensiveCare | Inpatient Beds | 8 | | 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 | | Central Plant | | |
| | ntermediate Care | Inpatient Beds | 0 | | Dietetic | X | Nuclear Medicine | X | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | |
| | Fotal Beds this Building | | 8 | | | | | | | | |
| | | | | | | | | | | | |

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|----------------------------------------------|-------------------|------------------|----------------------------------|--------------------------------|-------------------------|--|--|--|--|--|--|
| Include information or and SPC-5 per Section | | f inpatient beds | by type of Service provided by b | uildings that are classified a | s SPC-2, SPC-3, SPC-4, | | | | | | |
| Building Number: BL | _D-00212 | Building N | ame: Ambulatory Surgery Ce | nter | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| IntensiveCare | Inpatient Beds | 0 | X Anesthesia | | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | X 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) | | | | | | | | | | |
| Buildi | ng Number: BLE | D-00213 | Building Name | e: El | R Entrance Canopy | | | | | | |
| Туре | e of Service Prov | rided | | | | | | | | | |
| | 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 | F | 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 N | Number: BLD | 0-03845 | Building Name | : Sk | illed Nursing Building | | | | | |
| Type of | Service Prov | <u>ided</u> | | | | | | | | |
| Nur | rsing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| Inte | ensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | |
| | diatric/Adol cent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | |
| | ychiatric rsing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | stetrical te/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | | Emergency | | Central Plant | |
| Inte | ermediate re | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | | Support Services | |
| Skil | lled Nursing | Inpatient Beds | 99 | | Administration | | | | | |
| | al Beds this ilding | (| 99 | | | | | | | |
| | | | | | | | | | | |

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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-05209 | Building Na | ame: ED | Addition | | | | | | | |
| Type of Service Pro | ovided | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation nerapy | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Re | enal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery | | | |
| Obstetrical Ante/Postprtum | Inpatient n Beds | 0 | | Pharmaceutical | X | Emergency | Ce | entral Plant | | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | | upport ervices | | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | | |
| | | | | | | | | | | | |

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:32 of 37 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-00210 Central Plant/ Utilities Building **Building Name: Building Number:** 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 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 Bed Bed Days 0 0

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:33 of 37 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-00211 **Ancillary Building 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 Days Bed 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 1465 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 8 8

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:34 of 37 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-00212 **Ambulatory Surgery Center 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 Days Bed 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 13181 St Johns Pleasant Valley Hospital Camarillo Page:35 of 37 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-00213 **ER Entrance 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 Days Bed 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 13181 St Johns Pleasant Valley Hospital Camarillo Page:36 of 37 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-03845 Skilled Nursing Building **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 15788 0 99 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 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 99 99

Report Year: 2015 13181 St Johns Pleasant Valley Hospital Camarillo Page:37 of 37 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-05209 **ED** 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