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	l Owner and	Year of Report per Section 130061(e)	
Facility Number:	10541		
Facility Name:	Hemet \	/alley Medical Center	
Address:	1117 Ea	ast Devonshire	
City:	Hemet		
Hospital Owner/Licensee:		Physicians for Healthy Hospitals	
Year of Reporting:		2017	
Contact 1 e-mail Address:		[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:	Hemet Valley Medical Center	
Submissio	n Date:	12/29/2017 10:32:35 AM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D 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- 01409	North Wing and Annex	1117 East Devonshire	Retrofit	SPC2	01/01/2018	12/31/2017

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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 No: BLD-01409 North Wing and Annex		Retrofit/Re	eplacement	No		
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10541 H142999-33 0 -00	12/29/201 4	11/12/2015 12:00:00 AM	12/29/2014	11/15/2018	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: BL	_D-01409	Building Name: No	orth Wing and Annex					
Type of Service Prov	<u>vided</u>							
X Nursing	Inpatient Beds	22 Inpatient 0 Days	Surgical	X 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				
X Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 2327	Pharmaceutical Dietetic	X Rehabilitati Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	int			

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:5 of 47 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01409 North Wing and Annex **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 22 Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 2327 Inpatient 0 Inpatient 12 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 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-01406	Tower I	Remain
BLD-01408	1948 Addition	Remain
BLD-01409	North Wing and Annex	Retrofit
BLD-01411	1965 NW Addition	Remain
BLD-01412	Behavioral Health	Remain
BLD-01413	Obstetrics II	Remain
BLD-01415	Tower II Upper Levels	Remain
BLD-01417	Main Lobby and Entrance	Remain
BLD-01418	Area A	Remain
BLD-02857	Area B	Remain
BLD-05649	Emergency Department Addition	Remain
BLD-06156	Canopy	Remain

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

Report Year: 10541 Hemet Valley Medical Center 2017 Hemet Page:8 of 47 No data reported for Section 130061 (c)(2)(A), (B), or (C)

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

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

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No data reporte	lo data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any orresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).							
corresponding	bulluling site:	s or project i	idilibers for buildings with	ra building Resolution of R	repulla of Replace pe	1 Section 130001(c)(2)(E).		

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

Building Number: BLD-01409 Building Name: North Wing and Annex									
Type of Service Provided Surgical Obstetrical X Rehabilitation									
X	Nursing		- S. 1. 9. 1. 5. 1.		Cesarean/Deliv		Therapy		
	IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol		Clinical Lab		·		Outpatient		
	escent		Radiological/ Imaging		Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		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-01406 Building Name: Tower I										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service Provided										
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plant							
Intermediate Care	X Dietetic	Nuclear Medicine	X Support							
X Skilled Nursing	Administration		Services							

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings 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 SPC al acute car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01408	Building Nar	me: 1948 Addition				
Configuration:	Retrofit Non-Confo	rming buildir	ng to SPC 4D or SPC 5	and NPC	C 4 or NPC 5		
Type of Service	Provided						
Nu	rsing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	estetrical 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 corequirements whe per Section 13006	ther by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply woe provided in each gener	vith the SP0 al acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01409	Building Na	me: North Wing and A	nnex			
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 4D or SPC 5	and NP0	C 4 or NPC 5		
Type of Servic	e Provided						
X N	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
In	ntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1/ \	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate care		Dietetic		Nuclear Medicine	X	Support
s	killed Nursing		Administration				Services

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Report the final correquirements whet per Section 13006	ther by retrofit or by	ldings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply w be provided in each gener	rith the SPC al acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-01411	Building Na	me: 1965 NW Addition				
Configuration:	Retrofit Non-Conf	orming buildir	ng to SPC 4D or SPC 5	and NPC	C 4 or NPC 5		
Type of Service	e Provided						
Nu	ursing	X	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	X	Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine	X	Support
Sk	killed Nursing		Administration				Services

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Report the final con- requirements wheth per Section 130061	er by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply wind provided in each genera	th the SPC al acute car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01412	Building Nar	me: Behavioral Health				
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 4D or SPC 5	and NPC	C 4 or NPC 5		
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		resortiy		
	ychiatric rsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine	X	Support
Ski	lled Nursing		Administration	_		_	Services

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Report the final co requirements whe per Section 13006	ther by retrofit or by	ldings on the replacement	hospital campus show and the type of service	ing how e that will	ach building will comply be provided in each gene	with the SPC eral acute car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01413	Building Na	me: Obstetrics II				
Configuration:	Retrofit Conforming	ng building to	NPC 4 or NPC 5				
Type of Service	e Provided						
N	ursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	itensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate are		Dietetic		Nuclear Medicine	П	Support
S	killed Nursing		Administration	_		_	Services

ther by retrofit or by rep				ach building will comply v be provided in each gene		
BLD-01415 B	uilding Naı	me: Tower II Upper Le	evels			
Retrofit Conforming I	building to	NPC 4 or NPC 5				
e Provided						
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
bstetrical		Pharmaceutical		_		
ite/P Ostpituiii			Ш	Emergency	X	Central Plant
termediate are		Dietetic		Nuclear Medicine	X	Support
killed Nursing	X	Administration				Services
	e Provided ursing tensiveCare ediatric/Adol cent sychiatric ursing ostetrical ote/Postprtum termediate are	e Provided ursing tensiveCare ediatric/Adol cent sychiatric ursing ostetrical nte/Postprtum termediate are	Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic X Administration	e Provided ursing ItensiveCare Anesthesia Clinical Lab Sychiatric ursing Radiological/ Imaging Pharmaceutical ostetrical onte/Postprtum Imaging Dietetic X Administration	Provided Ursing Surgical Obstetrical Cesarean/Deliv Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Imaging Pharmaceutical Obstetrical Recovery Dietetic Emergency Nuclear Medicine X Administration	B Provided Jursing Surgical Obstetrical Cesarean/Deliv Jursing Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Imaging Newborn/ WellBaby Distetrical obstetrical Dieterbotprtum Dietetic Lermediate are Dietetic X Administration

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	her by retrofit or by r				ach building will comply voe provided in each gene	
Building Number:	BLD-01417	Building Nar	me: Main Lobby and E	ntrance		
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5			
Type of Service	Provided					
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Receivery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing	X	Administration		Nuclear Medicine	Support Services
	•					

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	ner by retrofit or by r			ach building will comply wind perovided in each genera	
Building Number:	BLD-01418	Building Nar	me: Area A		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Service	Provided				
Nu	rsing	X	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	_	
,	to/i cotpitam		Dietetic	Emergency	Central Plant
Inte	ermediate re			Nuclear Medicine	Support Services
Ski	illed Nursing		Administration		GGIVIGGG

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Report the final cor requirements whetl per Section 13006	her by retrofit or by	dings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply voe provided in each gene	with the SPC ral acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02857	Building Na	ne: Area B				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Receivery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine		Support
Sk	cilled Nursing		Administration				Services

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	whether by retrofit or by			rill comply with the SPC-5/NPC-4 or 5 each general acute care hospital building
Building Numb	er: BLD-05649	Building Name: Emergend	cy Department Addition	
Configuration	n: Retrofit Conformir	ng building to NPC 4 or NPC	5	
Type of Ser	vice Provided			
	Nursing	Surgical	Obstetrical Cesarean/De	Rehabilitation Therapy
	IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Recovery	
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Pharmaceutica	al X Emergency	Central Plant
	Intermediate	Dietetic		
	Care Skilled Nursing	Administration	Nuclear Med	Support Services

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Report the final con requirements wheth per Section 130061	er by retrofit or by r	dings on the eplacement	hospital campus showi and the type of service	ng how e that will b	ach building will comply voe provided in each gene	with the SPC ral acute ca	c-5/NPC-4 or 5 re hospital building
Building Number:	BLD-06156	Building Nar	me: Canopy				
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		Receivery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	lled Nursing		Administration				Services

Report Ye	ear: 2017	10541 H	emet Valley Me	edical Cente	r		Hemet		Page:26 of 47
Include 4D and	e information on t d SPC-5 per Sect	the number of tion 130061(e)	inpatient beds	by type of S	Service provided by	buildii	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Buildin	g Number: BLD	D-01406	Building N	ame: To	wer I				
<u>Type</u>	of Service Prov	ided							
X	Nursing	Inpatient Beds	58	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X C	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine		support services
X	Skilled Nursing	Inpatient Beds	23		Administration				
	Total Beds this Building		81						

oort Year: 2017	10541	Hemet Valley Med	ical Center	Hemet	Page:27 of 47
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01408	Building Na	me: 1948 Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	X 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 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01411	Building Nar	me: 1965 NW Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	X 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	X Pharmaceutical	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			

eport Year: 2017	10541	Hemet Valley Med	cal Center	Hemet	Page:29 of 47
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01412	Building Nar	ne: Behavioral Health		
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	X 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 information on 4D and SPC-5 per Sec	the number of tion 130061(e	inpatient beds)	by type of Service provided by	buildings that are classified a	s SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD	D-01413	Building N	lame: Obstetrics II		
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X 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			

eport Year: 2017	10541	Hemet Valley Med	lical Center	Hemet	Page:31 of 47
Include information 4D and SPC-5 per			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-01415	Building Na	me: Tower II Upper Levels		
Type of Service P	Provided				
X Nursing	Inpatient Beds	165	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	e Inpatient Beds	26	Anesthesia	_	_
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient um Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursi	ng Inpatient Beds	0	X Administration		
Total Beds th Building	nis	191			

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Include information 4D and SPC-5 per			y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-01417	Building Na	me: Main Lobby and Entra	nce	
Type of Service F	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	re Inpatient Beds	0	Anesthesia		_
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ng Inpatient Beds	0	X Administration		
Total Beds th Building	nis	0			

Report Year: 2017	10541 H	Hemet Valley Mo	edical Center	Hemet	Page:33 of 47		
Include information on 4D and SPC-5 per Sec	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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLI	D-01418	Building N	lame: Area A				
Type of Service Prov	<u>rided</u>						
Nursing	Inpatient Beds	0	X 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	X Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Include information on 4D and SPC-5 per Sec	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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLI	D-02857	Building N	lame: Area B				
Type of Service Prov	<u>rided</u>						
Nursing	Inpatient Beds	0	X 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	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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLE	Building Number: BLD-05649 Building Name: Emergency Department Addition							
Type 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	F	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		K 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 4D and SPC-5 per Sec	the number o	f inpatient beds by	type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-06156	Building Nar	me: Canopy		
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	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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-01406 Buildi	ing Name: Tower I					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 58 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Days 0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 23 Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per Building Per				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 81				

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Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:39 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01411 1965 NW Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:40 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01412 Behavioral Health **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:41 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01413 Obstetrics II **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:42 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01415 Tower II Upper Levels **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 165 Inpatient Inpatient Inpatient Inpatient 0 30929 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 18 Inpatient 5347 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this**

Inpatient 8 Inpatient 558 Inpatient 0 Inpatient 0 Days

Total Beds this
Building Per
Unit
Total Beds this
Building Per
Service

191
191

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Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:44 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01418 Area A **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:45 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02857 Area B **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:46 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-05649 **Emergency Department Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 10541 Hemet Valley Medical Center Hemet Page:47 of 47 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, SPC-4D and SPC-5 per Section 130061(e) BLD-06156 Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0