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| Office of Statewide Health Planning and Development |
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| 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 | Valley Specialty Hospital | |
| Address: | 730 17t | h Street | |
| City: | Modest | 0 | |
| Hospital Owner/Lice | nsee: | Jaswinder Singh(Partner/Owner) | |
| Year of Repo | orting: | 2017 | |
| Contact 1 e-mail Ado | dress: | [Confidential data left blank intentionally.] | |
| Contact 2 e-mail Ado | dress: | [Confidential data left blank intentionally.] | |
| Contact 3 e-mail Add | lress:: | [Confidential data left blank intentionally.] | |
| Name of Subr | nitter: | William Alexander, Architect | |
| Submission | Date: | 10/9/2017 3:41:39 PM | |
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| Report Y | 'ear: 2017 11098 | Central Valley Specialty Hospita | al | Modesto | | Page:2 of 20 |
|------------------------|---|---|---------------------------------------|---------------------------------|-------------------|--------------------------------|
| rebuild, r 130060 c | etrofit or replace the buildin or 130061.5,for rebuild, retr | re planned for rebuild, retrofit or repl ng to SPC2, SPC3, SPC4, SPC4D or rofit or replacement of the building th approved per <u>Section 130061(c)(1)</u> | or SPC5 per 130 nat the hospital o | 061(c)(1)(A). The de | eadline, as desc | ribed in Section |
| 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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| Report Year: 2017 11098 | 8 Central Valley Specialty Hospital | | Modesto | Page:3 of | 20 | | |
|--|-------------------------------------|----------------|--|-------------------------------------|----------------|--|--|
| 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 Bldg & Add - Bldg III | | Retrofit/Replacement Project: | Hazus-Submitted |] | | |
| Facility Project Sub Number Number Num Sco | ope | Pla Date In | an Approved Projected Date Start Date | Projected Completion Date Status | CEQA Review | | |
| 11098 I150002-50- 0 00 | | 12/30/201 4 | | ACTI | No | | |
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| OSHPD FDD SB499 Report | Data Last Update: 10/09/2017 | Submissior | n Date: 10/09/2017 | Printed: 10/11/2017 6:30 A | M | | |

| Report Year: 2017 | 11098 | Central Valley Specialty Hospital | Modesto | Page:4 of 20 | | |
|-------------------------------|--|-----------------------------------|-------------------------------------|-------------------------|--|--|
| Provide the number | 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 Pro | ovided | | | | | |
| X Nursing | Inpatient Beds | 30 Inpatient 8840 Days | | bstetrical ecovery | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | | ewborn/ /ellBaby | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | mergency | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | | uclear ledicine | | |
| Obstetrical Ante/Postprtun | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical X Dietetic | ehabilitation herapy | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | enal Dialysis | | |
| X Skilled Nursing | Inpatient Beds | 4 Inpatient Days 1436 | | utpatient urgery | | |
| | Deus | Total Beds this 34 Building | Cesarean/Deliv | entral Plant | | |
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| OSHPD FDD SB499 Rep | ort | Data Last Update: 10/09/2017 | Submission Date: 10/09/2017 Printe | ed: 10/11/2017 6:30 AM | | |

| Report Year: 2017 11098 Central V | alley Specialty Hospital | desto | Page:5 of 20 |
|---|--|--|---------------|
| Provide the number of Inpatient beds and patien | t days per type of unit per building per Section | 130061(c)(1)(F) | |
| Building Number: BLD-01551 Build | ing Name: Orig Hospital Bldg & Add - Bld | g III | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 30 Inpatient 8840 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 4 Inpatie Bed Days | nt 1436 |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Coronary Care | Chemical Dependency | Total Beds this Total B Building Per Buildin Unit Servic | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 34 | 34 |
| | | | |
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| OSHPD FDD SB499 Report Data Last Up | odate: 10/09/2017 Submission Date: 1 | 0/09/2017 Printed: 10/11 | /2017 6:30 AM |

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|---------------------|---|--|--------------|
| For all buildings a | at the facility, indicate which ones are scheduled for gene | eral acute service removal. | |
| Building | | Duilding to be | |
| Number | Building Name | Building to be Removed / Replaced / Rebuilt | |
| • | Building Name Orig Hospital Bldg & Add - Bldg III | - | |

BLD-03534

Building II

Remain

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|--------------|------|-------|-----------------------------------|---------|--------------|
| | | | | | |

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

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|-----------------|---------------|-------------|-----------------------------------|---------|--------------|
| No data reporte | d for Section | n 130061 (c |)(2)(A) , (B), or (C) | | |
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| Report Year: | 2017 | 11098 | Central Valley Specialty Hospital | Modesto | Page:9 of 20 |
|-----------------|---------------|------------|-----------------------------------|---------|--------------|
| lo data reporte | d for Sectior | n 130061(c |)(2)(D). | | |
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| Report Year: | 2017 | 11098 | Central Valley Specialty Hospital | Modesto | Page:10 of 20 |
|-----------------|----------------|------------|-----------------------------------|---------|---------------|
| lo data reporte | ed for Sectior | n 130061(c |)(2)(D). | | |
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| No data reported corresponding b | d for wheth uilding site | er the gener s or project ı | al acute care services and b numbers for buildings with a | eds will be relocated to a Building Resolution of "R | new, existing or retrofitted buil Rebuild" or "Replace" per Sectio | ding and any on 130061(c)(2)(E). |
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| Report Year: | 2017 | 11098 | Central Valley Specialty Hospital | Modesto | Page:12 of 20 |
|-----------------|--------------|-------------|-----------------------------------|---------|---------------|
| lo data reporte | d for Sectio | n 130061(c) |)(3). | | |
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|--|--|-------------------------------|--------------|-----------------------------|--------|---------------------------|--|--|
| Report any general a per Section 130061(| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | |
| Building Number: | BLD-01551 Building | Name: Orig Hospital Bldg & Ad | d - Bldg III | | | | | |
| Type of Service | Provided | | | | | | | |
| | | Surgical | | bstetrical esarean/Deliv | Х | Rehabilitation Therapy | | |
| X | Nursing | Anesthesia | _ | | | | | |
| | IntensiveCare | — | | bstetrical ecovery | | Renal Dialysis | | |
| | Pediatric/Adol escent | Clinical Lab | | ewborn/ | | Outpatient Surgery | | |
| | Psychiatric Nursing | Radiological/ Imaging | — w | /ellBaby | | | | |
| | Nursing | Pharmaceutical | E | mergency | | Central Plant | | |
| | Obstetrical Ante/Postprtum | X Dietetic | | uclear edicine | Х | Support Services | | |
| | Intermediate Care | X Administration | | | | | | |
| X | Skilled Nursing | | | | | | | |
| | | | | | | | | |
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| OSHPD FDD SB499 Re | port Data Last | Update: 10/09/2017 Subr | nission Date | : 10/09/2017 | Printe | d: 10/11/2017 6:30 AM | | |

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|-------------------|---------------------------|-----------------|---|----------|-------------------------------|--------------|------------------------|
| | ner by retrofit or by | | nospital campus showing and the type of service th | | | | |
| Building Number: | BLD-01551 | Building Nan | ne: Orig Hospital Bldg | & Add - | Bldg III | | |
| Configuration: | Retrofit Conformi | ng building to | NPC 4 or NPC 5 | | | | |
| Type of Service | Provided | | | | | | |
| X Nur | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation erapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | Re | enal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | Receivery | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | itpatient rgery |
| | stetrical te/Postprtum | | Pharmaceutical | | Emergency | Ce | entral Plant |
| | ermediate | x | Dietetic | | | | |
| | illed Nursing | X | Administration | | Nuclear Medicine | | upport ervices |
| | | | | | | | |
| OSHPD FDD SB499 R | leport D | ata Last Update | : 10/09/2017 | Submissi | on Date: 10/09/2017 | Printed: 10/ | 11/2017 6:30 AM |

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|--|-----------------------------|---------------------------|---|-------------------------|---|--------------------------|---|
| Report the final cor requirements wheth per Section 130061 | her by retrofit or by | ldings on the replacement | hospital campus showin and the type of service t | ng how e that will t | ach building will comply w be provided in each gener | ith the SP al acute c | C-5/NPC-4 or 5 are hospital building |
| Building Number: | BLD-01552 | Building Na | me: 1978 Hospital Buil | lding - Bl | dg l | | |
| Configuration: | N/A | | | | | | |
| Type of Service | Provided | | | | | | |
| Nu Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| Int Ca | ermediate | | Dietetic | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services |
| | | | | | | | |
| OSHPD FDD SB499 F | Report D | ata Last Updat | e: 10/09/2017 | Submiss | ion Date: 10/09/2017 | Printed: | 10/11/2017 6:30 AM |

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|--|-----------------------------|-------------------------------|---|-------------------------|---|---------------------------------------|--|---|
| Report the final cor requirements wheth per Section 130061 | her by retrofit or by | ildings on the replacement | hospital campus showin and the type of service t | ng how e that will l | ach building will co be provided in each | mply with the SPC general acute ca | C-5/NPC-4 or 5 re hospital building | _ |
| Building Number: | BLD-03534 | Building Na | me: Building II | | | | | - |
| Configuration: | N/A | | | | | | | |
| Type of Service | Provided | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | |
| | ediatric/Adol cent | | Clinical Lab | | Receivery | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | | Support | |
| Sk | illed Nursing | | Administration | | | | Services | |
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| OSHPD FDD SB499 F | Report D | ata Last Updat | e: 10/09/2017 | Submiss | ion Date: 10/09/201 | 17 Printed: | 10/11/2017 6:30 AM | |

| Report Year: 2017 | 11098 C | entral Valley S | pecialty Hos | spital | Modesto | | Page:17 of 20 |
|---|-------------------|-----------------|--------------|--------------------------|-------------------------------|-------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by bui | ldings that are classified as | SPC-2, S | PC-3, SPC-4, SPC- |
| Building Number: BL | D-01552 | Building N | lame: 19 | 78 Hospital Building - E | ildg l | |] |
| Type of Service Prov | vided | | | | | | |
| X Nursing | Inpatient Beds | 37 | | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | X Re | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Ou Su | tpatient rgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | Emergency | X Ce | ntral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Su Se | pport rvices |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | |
| Total Beds this Building | | 37 | | | | | |
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| OSHPD FDD SB499 Report | Dat | a Last Update: | 10/09/2017 | 7 Submission Data | ate: 10/09/2017 Prir | ted: 10/11/ | /2017 6:30 AM |

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|---|-------------------|-------------------|---------------|--------------------------|-------------------------------|-----------------|-------------------------|
| Include information or 4D and SPC-5 per Se | | | by type of Se | ervice provided by b | uildings that are classifie | ed as SPC-2, \$ | SPC-3, SPC-4, SPC- |
| Building Number: BL | .D-03534 | Building N | Name: Buil | ding II | | | |
| Type of Service Pro | vided | | | | | | |
| 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 | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | utpatient urgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | entral Plant |
| Intermediate | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | X S | upport ervices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 29 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | | Data Last Update: | 10/09/2017 | Submission | Date: 10/09/2017 | Printed: 10/12 | 1/2017 6:30 AM |

| Report Year: 2017 11098 Central | Valley Specialty Hospital | Modesto | Page:19 of 20 |
|---|--|---|-------------------------|
| Include information on the number of inpatient 4D and SPC-5 per Section 130061(e) | beds by type of unit provided by buildings t | that are classified as SPC-2, SPC-3, | SPC-4, SPC- |
| Building Number: BLD-01552 Building | Iding Name: 1978 Hospital Building - | Bldg I | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 37 Inpatient 11896 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Coronary Care | Chemical Dependency | | l Beds this ding Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | J Unit Serv | |
| | | | |
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| Report Year: 2017 11098 Central | Valley Specialty Hospital | Modesto Page:20 of 20 | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | | | |
| Building Number: BLD-03534 Buil | ding Name: Building II | | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | |
| Inpatient 29 Inpatient 9324 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing | | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 29 29 | | | | | | |
| | | | | | | | | |
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| OSHPD FDD SB499 Report Data Last U | Jpdate: 10/09/2017 Submission Date: | 10/09/2017 Printed: 10/11/2017 6:30 AM | | | | | | |