
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10242

Facility Name:

Central Valley General Hospital

Address:

1025 North Douty Street

City:

Hanford

Hospital Owner/Licensee:

Adventist Healthcare

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Daniel Yerushalmi

Submission Date:

12/10/2013 1:40:52 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-03070	1950 Building	1025 North Douty Street	Rebuild	SPC5	01/01/2015	12/22/2014

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:			1950 Building		Retrofit/Replacement Project:		No		
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18194	HS022779-0	0		10/23/2002 12:00:00 AM	3/28/2007 12:00:00 AM	04/12/2008	06/13/2011	CLOS	No
18194	HS102557-0	0		12/21/2010 12:00:00 AM	2/19/2013 12:00:00 AM	01/01/2013	06/01/2014	PEND	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-03070**Building Name: **1950 Building****Type of Service Provided**

<input type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="29"/>	Inpatient Days	<input type="text" value="2431"/>	<input checked="" type="checkbox"/>	Surgical	<input checked="" type="checkbox"/>	Obstetrical Recovery
<input type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Anesthesia	<input checked="" type="checkbox"/>	Newborn/WellBaby
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Emergency
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Radiological/Imaging	<input type="checkbox"/>	Nuclear Medicine
<input checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="20"/>	Inpatient Days	<input type="text" value="1689"/>	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Rehabilitation Therapy
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Dietetic	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Administration	<input type="checkbox"/>	Outpatient Surgery
						<input checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Central Plant
						<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv		
		Total Beds this Building	<input type="text" value="49"/>						

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-03070

Building Name: 1950 Building

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

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-00430	Main Building	Remain
BLD-03070	1950 Building	Rebuild

List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Replacement Women's Center AMC Hanford	<input type="checkbox"/>
N_2	Aventist Medical Center - Hanford	<input type="checkbox"/>

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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 Number:	BLD-03070	Building Name:	1950 Building
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Nursing	N/A		
Building Number:	BLD-03070	Building Name:	1950 Building
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Obstetrical Ante Postprtum	N/A		
Building Number:	BLD-03070	Building Name:	1950 Building
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Surgical	N/A		
Building Number:	BLD-03070	Building Name:	1950 Building
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Anesthesia	N/A		

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical
Cesarean/Deliv

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Recovery

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Newborn/Well Baby

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Medical/Surgical
(Include GYN)

N/A

Building
Number:

BLD-03070

Building Name:

1950 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Perinatal (exclude
Newborn / GYN))

N/A

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-03070

Building Name:

1950 Building

Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00430

Building Name:

Main Building

Configuration:

N/A

Type of Service Provided

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input checked="" type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input checked="" type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-03070

Building Name:

1950 Building

Configuration:

N/A

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support
ServicesIntermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Nuclear Medicine

Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: **BLD-00430**

Building Name: **Main Building**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00430

Building Name:

Main Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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