
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:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

ken liu

Submission Date:

10/31/2012 5:28:56 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	06/01/2014

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:

BLD-03070

1950 Building

Retrofit/Replacement
Project:

Yes-Submitted

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	A NEW REPLACEMENT HOSPITAL	10/23/2002 12:00:00 AM	3/28/2007 12:00:00 AM	04/12/2008	06/13/2011	PEND	No
18194	HS102557-0	0	NEW WOMEN'S CENTER ADDITION	12/21/2010 12:00:00 AM	10/26/2012 12:00:00 AM	01/01/2013	06/01/2014	OPEN	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="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="49"/>	Inpatient Days	<input type="text" value="4120"/>
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>

Total Beds this Building

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Support Services
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant



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"/>

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\(c\)\(20\)\(C\)](#)

Building Number: Removal Date:

Planned Uses for the building to be removed from acute care service:

Planned use for building: Jurisdiction:

[Inpatient services currently delivered in the building:](#)

- | | | | |
|---|--|---|---|
| <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 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 checked="" 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 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-00430

Building Name:

Main Building

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

Nursing

Relocated to new building

Building
Number:

BLD-00430

Building Name:

Main Building

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

Obstetrical Ante
Postprtum

Relocated to new building

Building
Number:

BLD-00430

Building Name:

Main Building

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

Radiological/Imaging

Relocated to new building

Building
Number:

BLD-00430

Building Name:

Main Building

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

Pharmaceutical

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

Support Services

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

Emergency

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

Renal Dialysis

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

CentralPlant

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

Medical/Surgical
(Include GYN)

Relocated to new building

Building
Number:

BLD-00430

Building Name: Main Building

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

Intensive Care
Newborn Nursery

Relocated to new building

Building
Number:

BLD-03070

Building Name: 1950 Building

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

Nursing

N/A

Building Number:

BLD-03070

Building Name:

1950 Building

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

Obstetrical Ante Postprtum

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

Surgical

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

Anesthesia

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

ClinicalLab

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_2-Aventist Medical Center - Hanford

N_2-Aventist Medical Center - Hanford

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building
Number:

BLD-03070

Building Name:

1950 Building

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

Dietetic

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_2-Aventist Medical Center - Hanford

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building
Number:

BLD-03070

Building Name:

1950 Building

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

Administration

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_2-Aventist Medical Center - Hanford

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

Support Services

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

Obstetrical Cesarean/Deliv

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Replacement Women's Center AMC
Hanford

Building Number:

BLD-03070

Building Name:

1950 Building

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

Obstetrical Recovery

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Replacement Women's Center AMC
Hanford

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18194	HS022779-0	0	A NEW REPLACEMENT HOSPITAL	2002-10-23	2007-03-28	04/12/2008	06/13/2011	PEND

Building Number:

BLD-03070

Building Name:

1950 Building

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

Newborn/Well Baby

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Replacement Women's Center AMC
Hanford

Building Number:

BLD-03070

Building Name:

1950 Building

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

Perinatal (exclude Newborn / GYN))

Relocated to new building

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"/> Administration	
<input type="checkbox"/> Skilled Nursing			

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-00430

Building Name: Main Building

Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-03070

Building Name: 1950 Building

Configuration: N/A

Type of Service Provided Nursing IntensiveCare Pediatric/Adol
escent Psychiatric
Nursing Obstetrical
Ante/Postprtum Intermediate
Care Skilled Nursing 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 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**

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

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 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**

Report Year:

2012

10242

Central Valley General Hospital

Hanford

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Report Status: **Data Last Update:** 10/31/2012

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