

# Compliance Signage

**Main Hospital  
Main Lobby & Emergency Entrance  
Admitting 1 & 2**

**Salinas Valley Memorial Hospital  
450 E. Romie Lane  
Salinas, CA 93901**

**Published: June 30, 2014**



Lat: 32°59'36.25N  
Lon: -117°15'41.13"W

**CLIENT INFORMATION:**

**Salinas Valley  
 Memorial Hospital**  
 450 E. Romie Lane  
 Salinas, CA 93901

**APPROVALS:**

IG ACCOUNT MANAGER \_\_\_\_\_  
 IG PRODUCTION MANAGER \_\_\_\_\_  
 CLIENT APPROVAL \_\_\_\_\_

**SALES REP:**

**Rebecca Redmon**

**DESIGNER:**

**R.Germar**

**REVISION DATES:**

- 1 06-11-2014 RLG
- 2 06-23-2014 RLG
- 3 06-30-2014 RLG
- 4
- 5

**VOLTAGE:** 120V   
 240V

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PRIMARY ELECTRICAL TO SIGN LOCATIONS IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT(S) WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

**DATE**

**03-27-2014**

**PROJECT:**

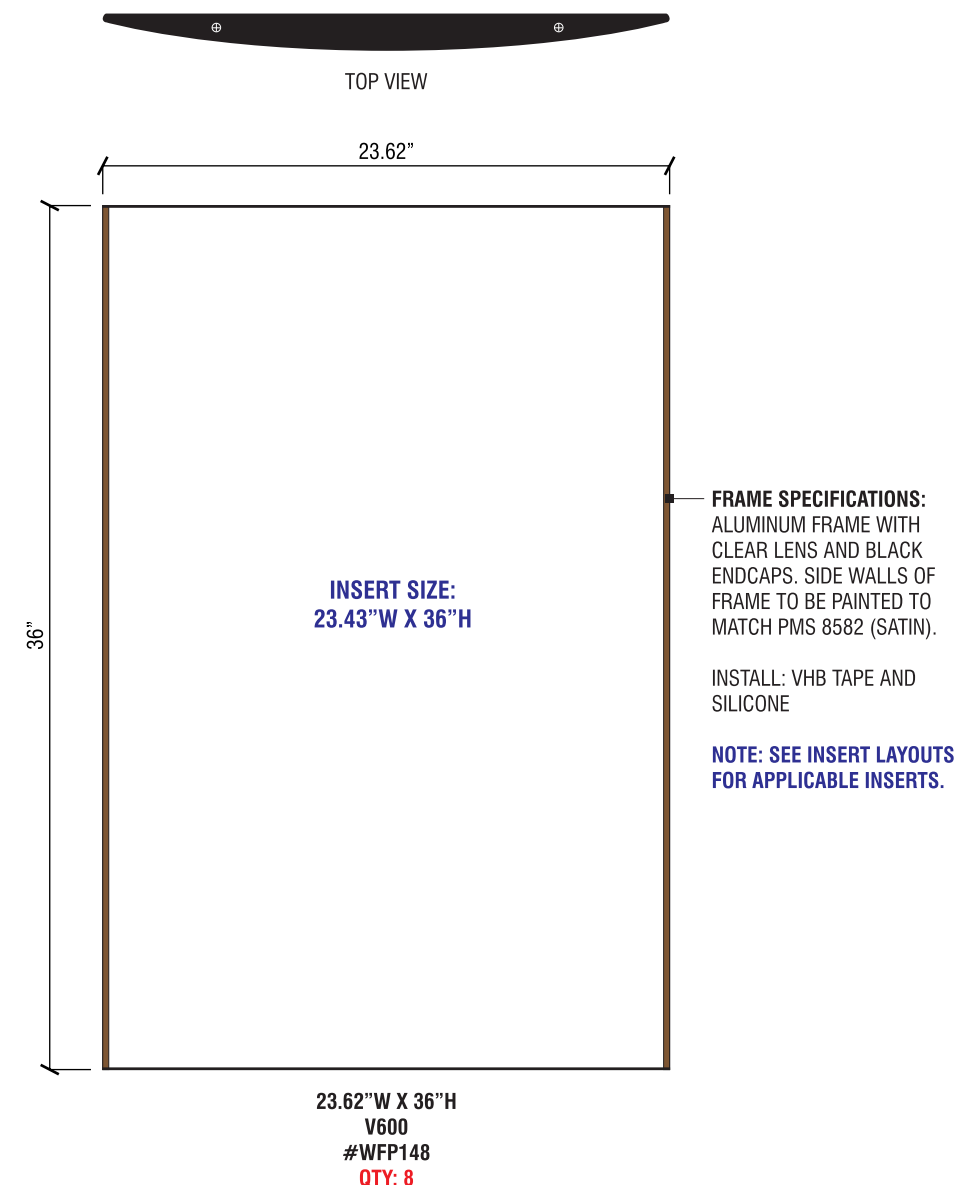
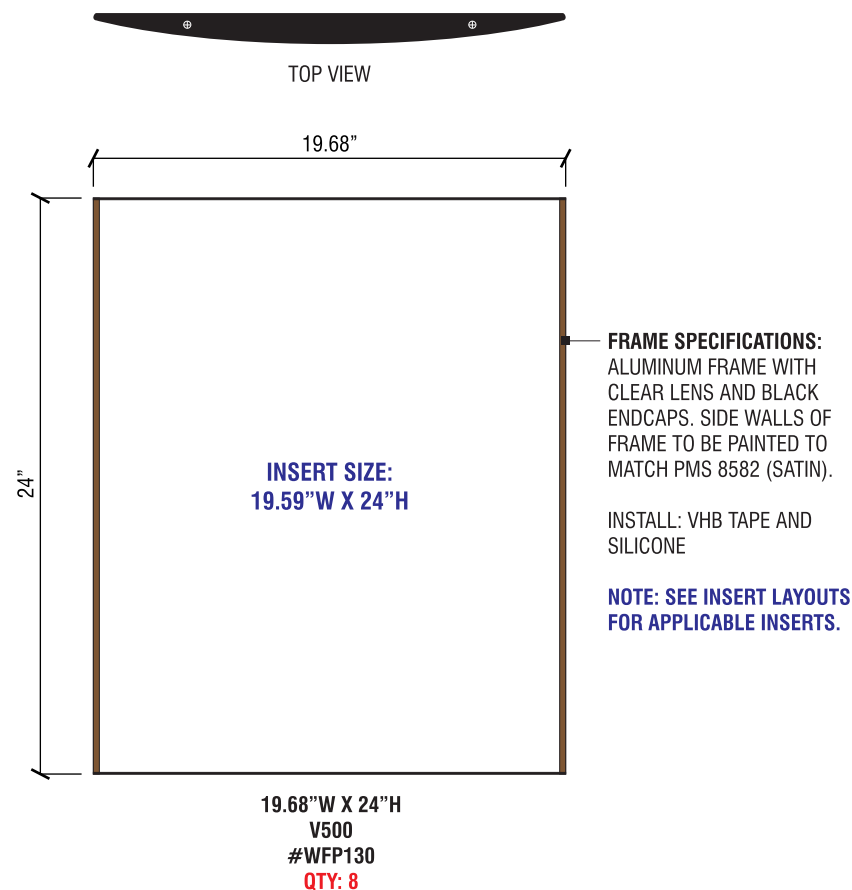
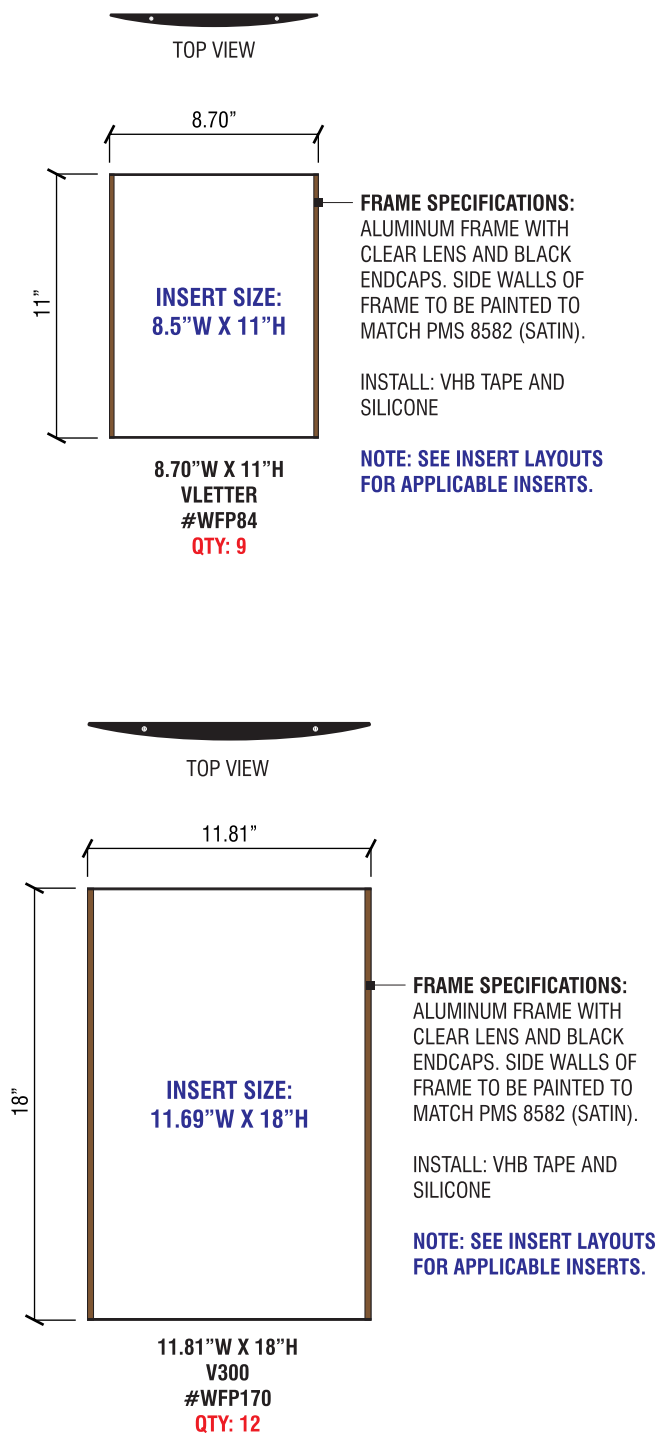
**Compliance Signage**

**DRAWING NO.:**

**14-1254-03**

**SIGN TYPE:**

**Vista Frame  
 Layouts**



**COLOR LEGEND**

- TO MATCH PMS#8582C (SATIN)
- BLACK

**VISTA FRAME LAYOUTS**  
 SCALE: 1-1/2" = 1'-0"

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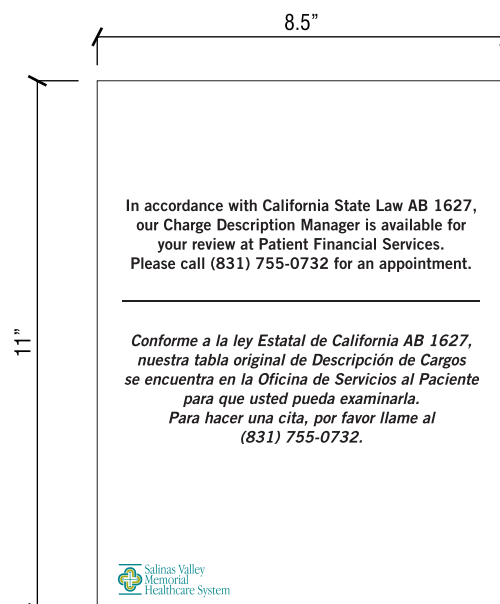
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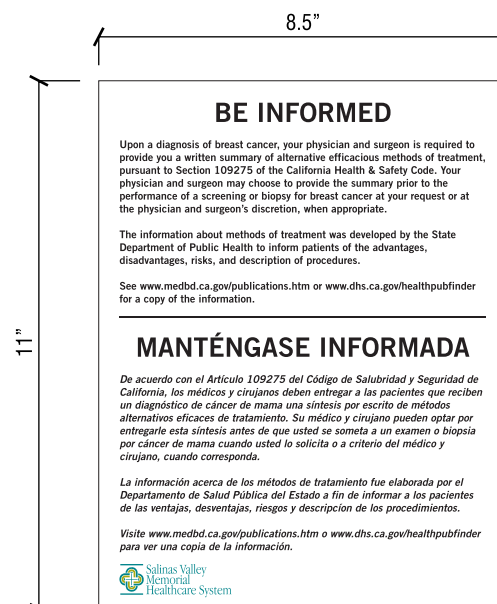
**14-1254-03**

SIGN TYPE:

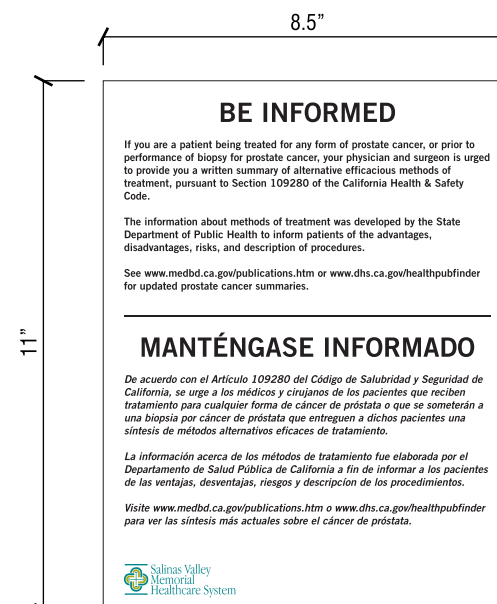
**8.5" w x 11" h  
Insert Layouts**



**ACCORDANCE WITH CA STATE LAW**  
**QTY: 3**  
**INSERT ONLY**



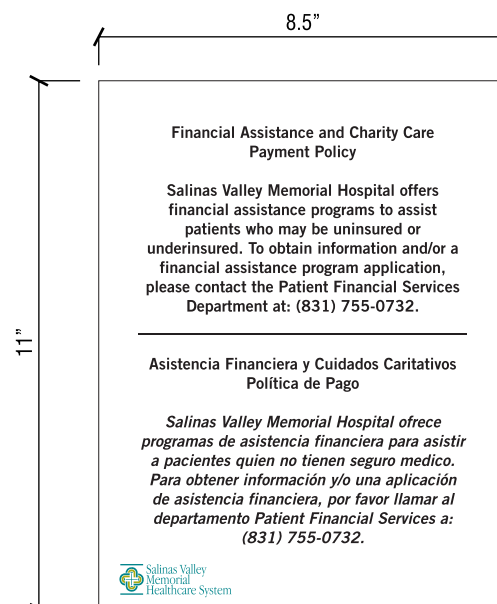
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**INSERT ONLY**



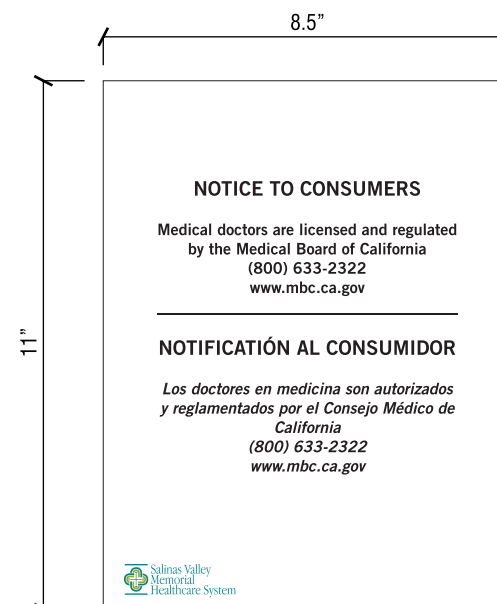
**BE INFORMED - PROSTATE CANCER**  
**QTY: 3**  
**INCLUDE WITH FRAME**



**DELIVERING A BABY**  
**QTY: 3**  
**INCLUDE WITH FRAME**



**FINANCIAL ASSISTANCE & CHARITY CARE**  
**QTY: 3**  
**INCLUDE WITH FRAME**



**NOTICE TO CONSUMERS**  
**QTY: 3**  
**INSERT ONLY**

**INSERT SPECIFICATIONS:**  
20mil DIGITALLY PRINTED INSERT WITH WHITE BACKGROUNDS.

**8.5"W X 11"H INSERT LAYOUTS**  
SCALE: 3" = 1'-0"

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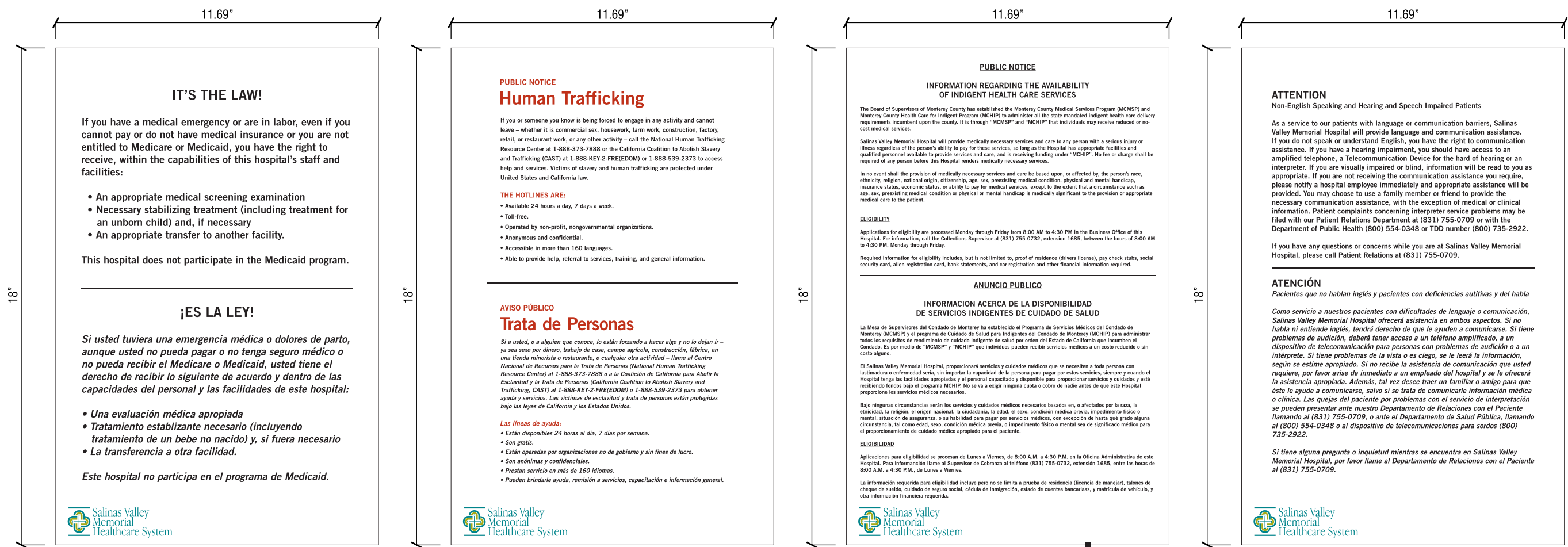
DRAWING NO.:

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SIGN TYPE:

**11.69" w x 18" h**

**Insert Layouts**



**EMTALA**  
QTY: 3  
INCLUDE WITH FRAME

**HUMAN TRAFFICKING**  
QTY: 2  
INCLUDE WITH FRAME

**INDIGENT**  
QTY: 3  
INCLUDE WITH FRAME

**INTERPRETATION SERVICES**  
QTY: 4  
INCLUDE WITH FRAME

INSERT SPECIFICATIONS:  
20 mil DIGITALLY PRINTED INSERT WITH  
WHITE BACKGROUNDS.

11.69"W X 18"H INSERT LAYOUTS  
SCALE: 3" = 1'-0"



23.43"

# PATIENT RIGHTS

## You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
  - No visitors are allowed.
  - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - You have told the health facility staff that you no longer want a particular person to visit.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:  
Salinas Valley Memorial Healthcare  
Patient Relations Department / QMS  
450 East Romie Lane, Salinas, CA 93901  
or calling Patient Relations at (831) 755-0709  
  
The grievance committee will review each grievance and provide you with a written response within 7 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health's phone number and address is: San Jose District Office  
100 Paseo de San Antonio, Suite 235, San Jose, CA 95113  
Toll Free: (800) 554-0348 or (408) 277-1784 Fax: (408) 277-1032

These Patient Rights combine Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements. (3/12)

California Hospital Association • 1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

PATIENT RIGHTS - ENGLISH  
QTY: 4  
INCLUDE WITH FRAME

23.43"W X 36"H INSERT LAYOUTS  
SCALE: 3" = 1'-0"

23.43"

# DERECHOS DEL PACIENTE

## Usted tiene derecho a lo siguiente:

1. A recibir atención considerada y respetuosa, y a que lo hagan sentir cómodo. Tiene derecho a que sus valores, creencias y preferencias culturales, psicosociales, espirituales y personales sean respetados.
2. A que se les notifique de inmediato a un familiar (u otro representante que elija) y a su propio médico si usted es hospitalizado.
3. A conocer el nombre del profesional de atención médica con licencia profesional que se desempeña dentro del alcance de dicha licencia que tenga la responsabilidad principal de coordinar su atención, y el nombre y las relaciones profesionales de los médicos y los proveedores no médicos que lo atenderán.
4. A recibir información sobre su estado de salud, diagnóstico, pronóstico, curso de tratamiento, perspectivas de recuperación y resultados de la atención (incluidos los resultados imprevistos) en términos que pueda comprender. Tiene derecho a una comunicación eficaz y a participar en el desarrollo y la implementación de su plan de atención. Tiene derecho a participar en cuestiones éticas que surjan en el curso de su atención, incluidos los asuntos relativos a la resolución de conflictos, la suspensión de los servicios de reanimación y la renuncia al tratamiento de soporte vital o su interrupción.
5. A tomar decisiones relativas a la atención médica y a recibir toda la información que necesite sobre cualquier tratamiento o procedimiento propuesto para dar su consentimiento informado o negarse a recibir un tratamiento. Excepto en los casos de emergencia, esta información deberá incluir una descripción del procedimiento o tratamiento; los riesgos implicados significativos desde el punto de vista médico; los cursos alternativos de tratamiento o no tratamiento, y los riesgos implicados en cada uno de ellos; y el nombre de la persona que efectuará el procedimiento o tratamiento.
6. A solicitar un tratamiento o negarse a recibir un tratamiento, en la medida en que lo permita la ley. No obstante, no tiene derecho a exigir tratamientos o servicios que no sean adecuados o que sean innecesarios desde el punto de vista médico. Tiene derecho a retirarse del hospital incluso si los integrantes del personal médico no lo recomiendan, en la medida en que lo permita la ley.
7. A que le informen si el hospital o el profesional de atención médica con licencia profesional que se desempeña dentro del alcance de dicha licencia proponen la realización de experimentos con seres humanos que afecten su atención o tratamiento, o si proponen su participación en ellos. Tiene derecho a negarse a participar en proyectos de investigación de este tipo.
8. A obtener respuestas razonables a las solicitudes razonables de servicio que realice.
9. A obtener una evaluación y un control adecuados del dolor, recibir información sobre el dolor, lograr el alivio del dolor y participar en las decisiones relativas al control del dolor. Puede solicitar o rechazar el uso de cualquier método de alivio del dolor o todos ellos, incluso los medicamentos opiáceos, si siente un dolor incoercible crónico intenso. El médico puede negarse a recetar medicamentos opiáceos, pero, si lo hace, debe informarle que hay médicos que se especializan en el tratamiento del dolor con métodos que incluyen el uso de opiáceos.
10. A formular directivas anticipadas. Esto incluye la designación de una persona que estará a cargo de las decisiones en caso de que usted sea incapaz de comprender un tratamiento propuesto o de que no pueda comunicar sus deseos relativos a la atención. Los profesionales y el personal del hospital que presten atención en el hospital deberán cumplir con estas directivas. Todos los derechos del paciente se aplicarán a la persona que tenga la responsabilidad legal de tomar las decisiones relativas a la atención médica en su nombre.
11. A que se respete su privacidad personal. El análisis del caso, las consultas, los exámenes y el tratamiento son confidenciales y deben llevarse a cabo con discreción. Tiene derecho a que se le informe el motivo de la presencia de cualquier tercero. Tiene derecho a que los visitantes se retiren antes de un examen y cuando se analicen cuestiones relativas al tratamiento. En las habitaciones semiprivadas, se utilizarán cortinas para brindar privacidad.
12. Al tratamiento confidencial de todas las comunicaciones y los registros relativos a su atención y a su estadía en el hospital. Recibirá un "Aviso de prácticas de privacidad" aparte en el que se explican en detalle sus derechos relativos a la privacidad y el modo en que podemos utilizar y divulgar la información protegida sobre su salud.

Estos Derechos del paciente combinan requisitos del Título 22, de otras leyes de California, de Joint Commission and de las Condiciones de participación de Medicare. (3/12)

Asociación de Hospitales de California • 1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

PATIENT RIGHTS - SPANISH  
QTY: 4  
INCLUDE WITH FRAME

13. A recibir atención en un entorno seguro, libre de abuso psicológico, físico, sexual o verbal, y libre de negligencia, explotación o acoso. Tiene derecho a recibir servicios de protección y defensa, lo que incluye la notificación a organismos del gobierno si es víctima de negligencia o abuso.
14. A no sufrir restricciones ni aislamiento de ninguna clase como medio de coerción, disciplina o represalia por parte del personal, o por conveniencia del personal.
15. A la continuidad razonable de la atención y a saber con anticipación el horario y el lugar de las citas, así como la identidad de las personas que le brindarán atención.
16. A que el médico, o un delegado del médico, le informe los requisitos y las opciones para la continuidad de la atención médica luego del alta del hospital. Tiene derecho a participar en el desarrollo y la implementación del plan de alta. Si usted lo solicita, también se le puede suministrar esta información a un amigo o familiar.
17. A saber qué normas y políticas del hospital se aplican a su conducta como paciente.
18. A designar una persona de apoyo y los visitantes de su elección, si es capaz de tomar decisiones, ya sea que la índole de su relación con el visitante sea de consanguinidad, matrimonio o concubinato certificado o no, a menos que:
  - no se permitan visitas;
  - la institución determine de modo razonable que la presencia de un visitante en particular pondría en peligro la salud o la seguridad de un paciente, un integrante del personal de la institución médica u otro visitante de la institución, o que afectaría de manera significativa las operaciones de la institución;
  - usted le haya informado al personal de la institución médica que no desea que una persona en particular siga visitándolo.

No obstante, las instituciones médicas pueden establecer restricciones razonables respecto a las visitas, por ejemplo, restricciones en cuanto a los horarios de visita y la cantidad de visitantes. La institución médica debe informarle (o informarle a la persona de apoyo, cuando corresponda) sus derechos respecto a las visitas, incluidas las restricciones o limitaciones clínicas, si las hubiera. La institución médica no puede restringir, limitar o denegar de cualquier otro modo los privilegios de visita por motivos de raza, color, nacionalidad, religión, sexo, identidad de género, orientación sexual o discapacidad.
19. A que se consideren sus deseos al determinar quiénes pueden visitarlo si usted no es capaz de tomar decisiones. El método de dicha consideración cumplirá con la ley federal y se divulgará en la política del hospital sobre las visitas. Como mínimo, el hospital debe incluir a todas las personas que vivan en su casa y la persona de apoyo conforme a la ley federal.
20. A examinar la factura del hospital y recibir una explicación sobre ella independientemente de la fuente de pago.
21. A ejercer estos derechos independientemente de su situación económica, sexo, antecedentes educativos, raza, color, religión, ascendencia, nacionalidad, orientación sexual, discapacidad, condición médica, estado civil, situación de concubinato certificado o fuente de pago de la atención.
22. A presentar una queja. Si desea presentar una queja ante este hospital, puede hacerlo por escrito o por teléfono  
Salinas Valley Memorial Healthcare  
Patient Relations Department / QMS  
450 East Romie Lane, Salinas, CA 93901  
o la vocación de Relaciones Pacientes en (831) 755-0709  
El comité a cargo de las quejas revisará cada queja y le dará una respuesta por escrito en el plazo de algunos días. La respuesta por escrito incluirá el nombre de una persona de contacto del hospital, los pasos tomados para investigar la queja, los resultados del proceso de presentación de quejas y la fecha de finalización de dicho proceso. Las inquietudes relativas a la calidad de la atención o al alta prematura también se remitirán a la Organización de Revisión Profesional de la Utilización y Calidad de los Servicios (PRO) correspondiente.
23. A presentar una queja ante el Departamento de Salud Pública de California (CDPH) independientemente de que utilice el proceso de presentación de quejas del hospital. El número de teléfono y la dirección del Departamento de Salud Pública de California son los siguientes: San Jose District Office  
100 Paseo de San Antonio, Suite 235, San Jose, CA 95113  
Teléfono gratuito: (800) 554-0348 or (408) 277-1784 Fax: (408) 277-1032

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SEATTLE • SAN DIEGO

MAIN OFFICE  
420 STEVENS AVENUE #270  
SOLANA BEACH, CA 92075

PHONE: 858.345.1542  
FAX: 858.408.3203

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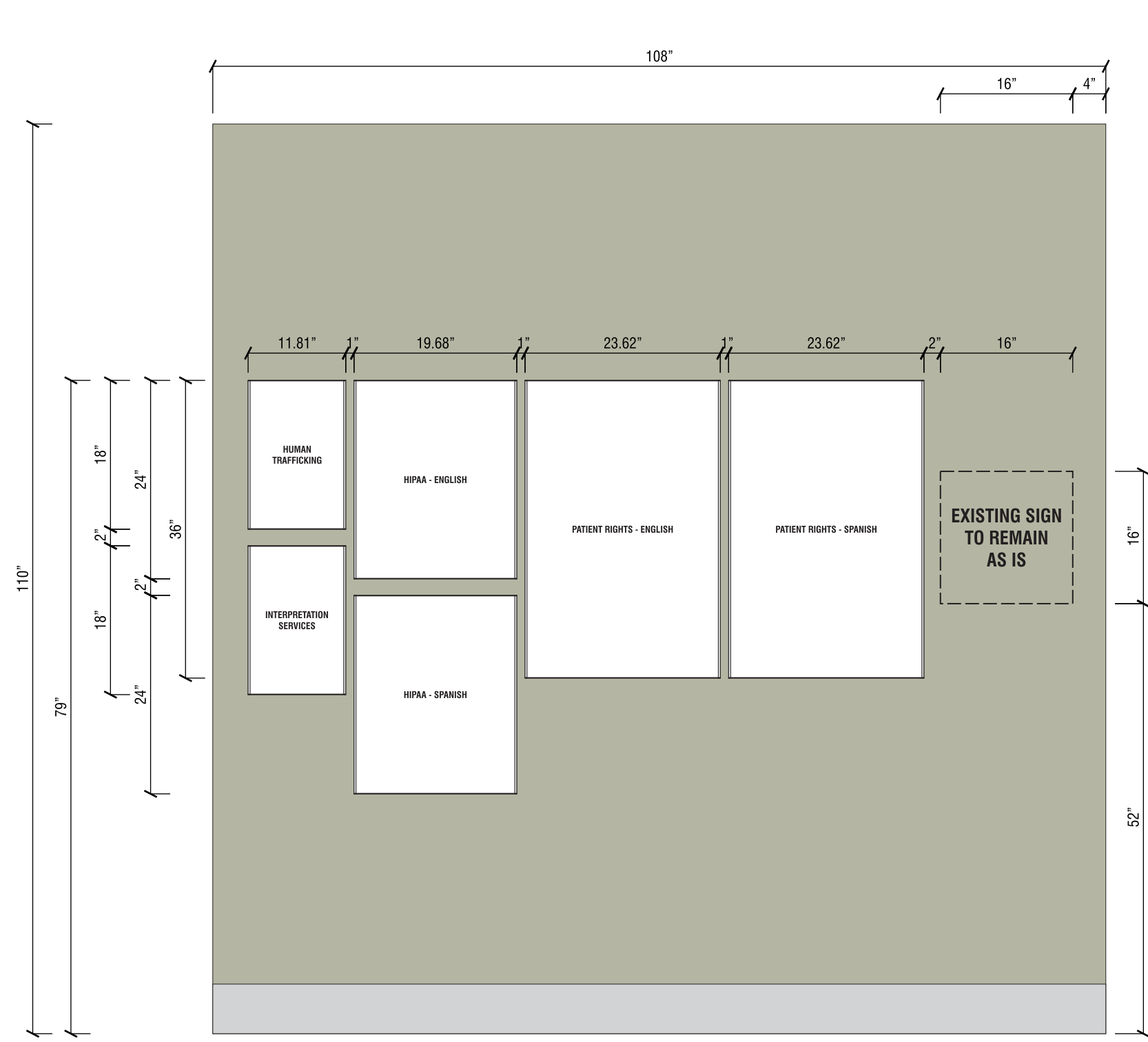
SIGN TYPE:

23.43"W x 36"H

Insert Layouts

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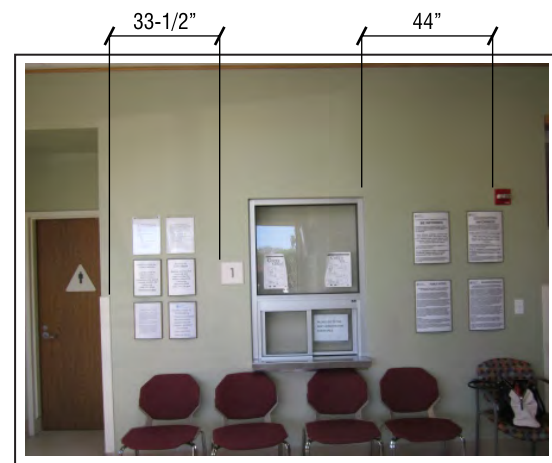
PRIMARY ELECTRICAL TO SIGN LOCATIONS IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT(S) WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.



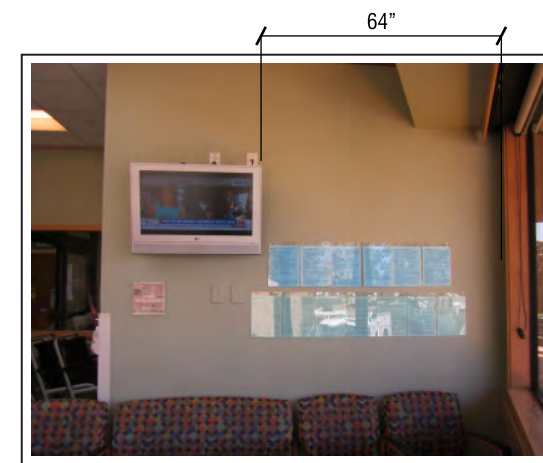
**MAIN LOBBY WALL ELEVATION INSTALLATION LAYOUT**  
 SCALE: 3/4" = 1'-0"



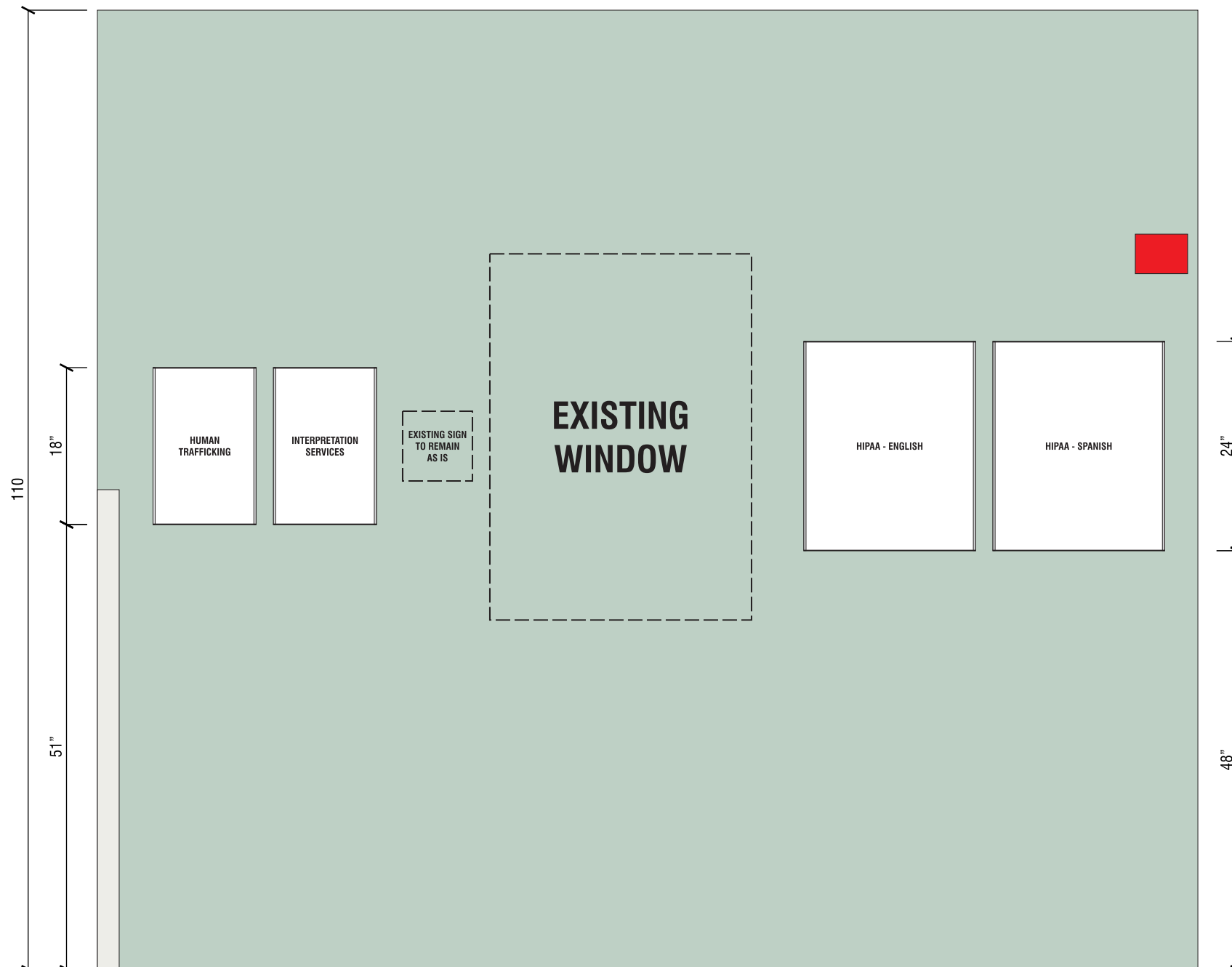
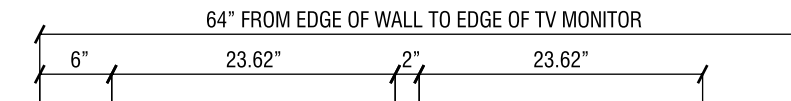
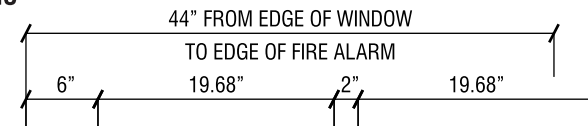
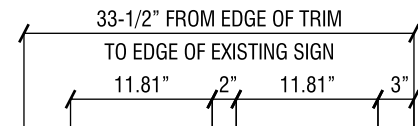
**EXISTING CONDITIONS**



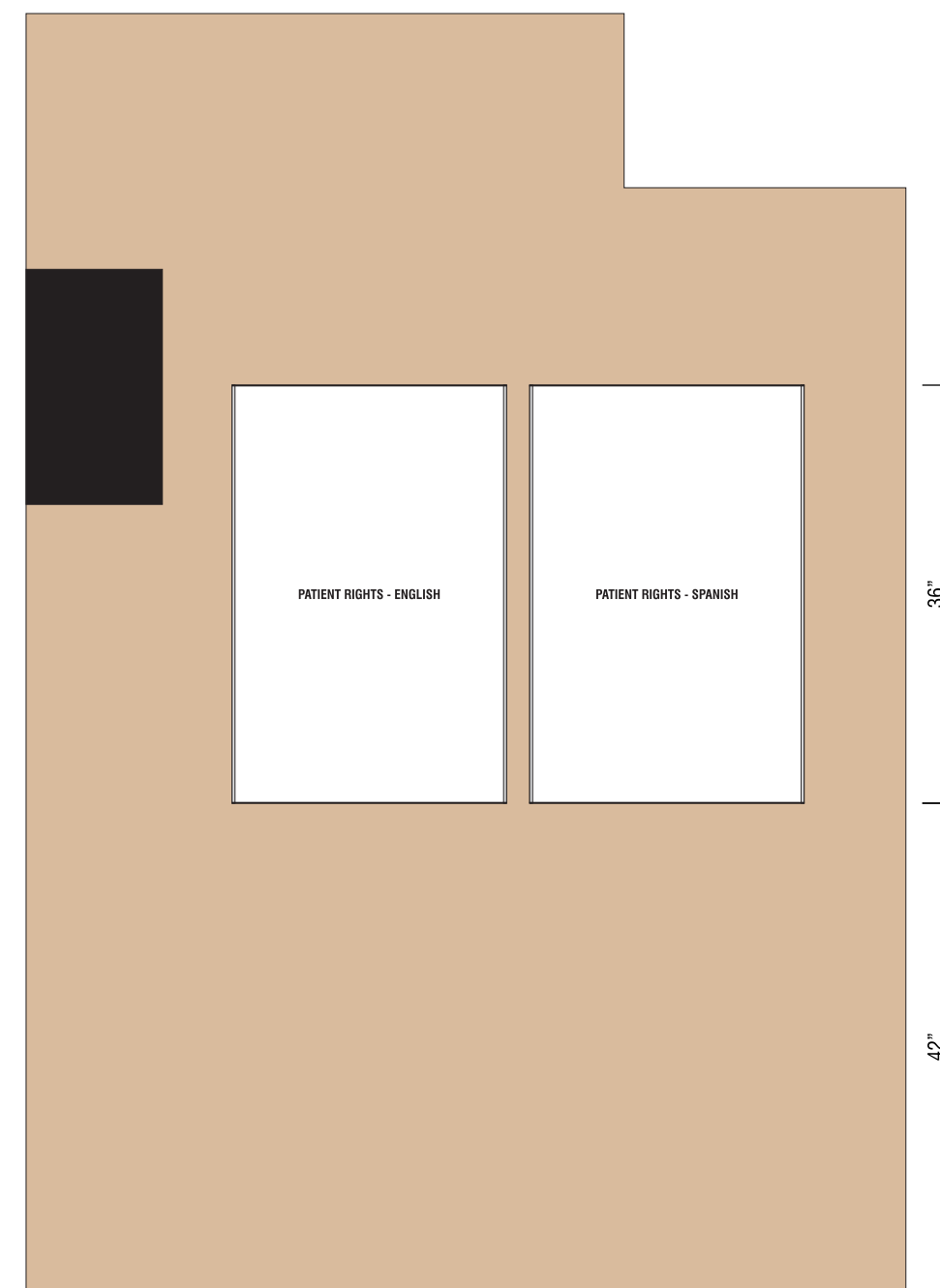
EXISTING CONDITIONS



EXISTING CONDITIONS



EMERGENCY ENTRANCE WALL ELEVATION INSTALLATION LAYOUT  
SCALE: 3/4" = 1'-0"



EMERGENCY ENTRANCE WALL 2 ELEVATION INSTALLATION LAYOUT  
SCALE: 3/4" = 1'-0"

CLIENT INFORMATION:

**Salinas Valley  
Memorial Hospital**  
450 E. Romie Lane  
Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER \_\_\_\_\_

IG PRODUCTION MANAGER \_\_\_\_\_

CLIENT APPROVAL \_\_\_\_\_

SALES REP:

**Rebecca Redmon**

DESIGNER:

**R.Germar**

REVISION DATES:

1 06-11-2014 RLG

2 06-23-2014 RLG

3 06-30-2014 RLG

4

5

VOLTAGE:

120V

240V

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DATE

03-27-2014

PROJECT:

**Compliance Signage**

DRAWING NO.:

**14-1254-03**

SIGN TYPE:

**Emergency Entrance  
Installation  
Layouts**



CLIENT INFORMATION:

**Salinas Valley  
 Memorial Hospital**  
 450 E. Romie Lane  
 Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER \_\_\_\_\_

IG PRODUCTION MANAGER \_\_\_\_\_

CLIENT APPROVAL \_\_\_\_\_

SALES REP:

**Rebecca Redmon**

DESIGNER:

**R.Germar**

REVISION DATES:

1 **06-11-2014 RLG**

2 **06-23-2014 RLG**

3 **06-30-2014 RLG**

4

5

VOLTAGE:

120V

240V

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DATE

**03-27-2014**

PROJECT:

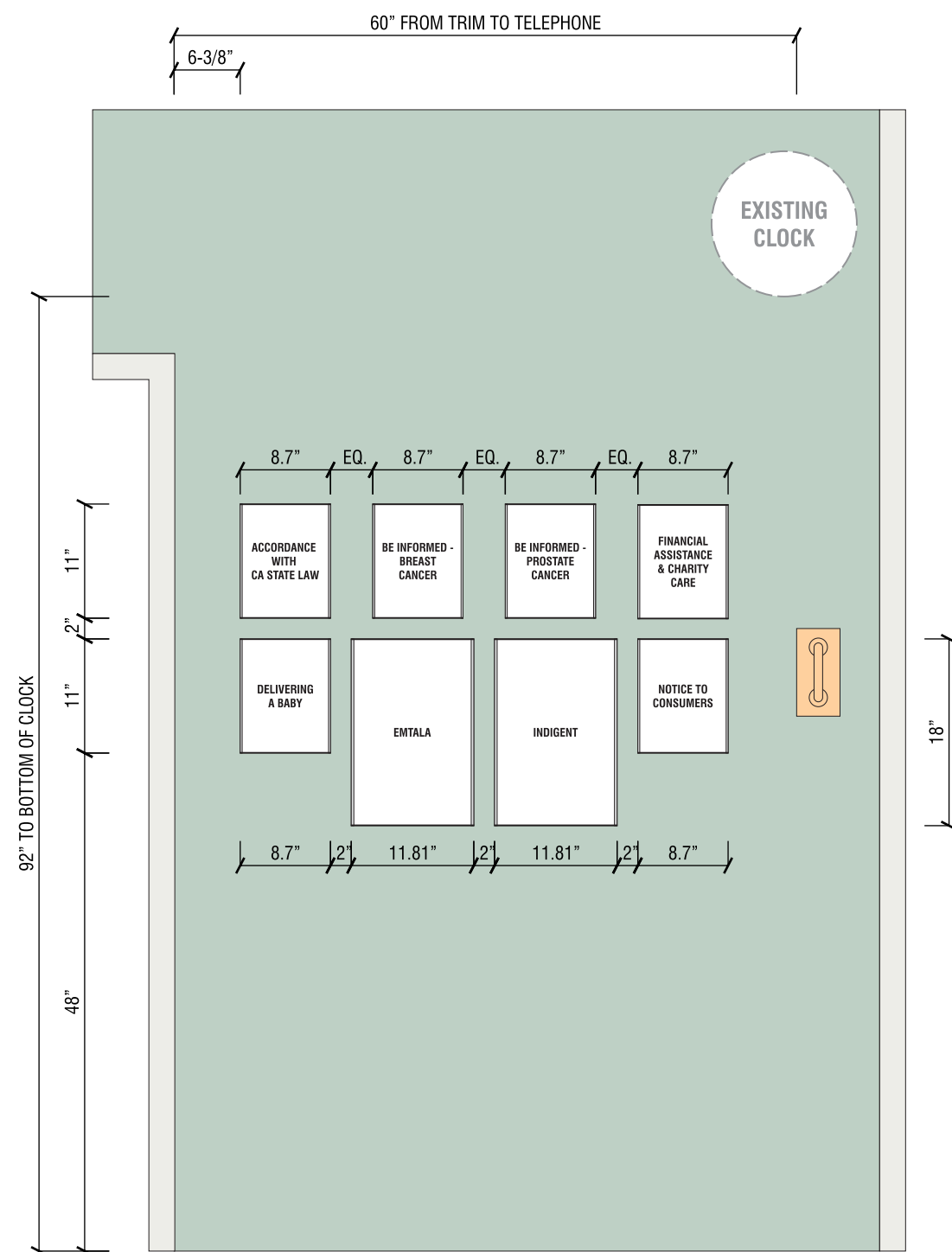
**Compliance Signage**

DRAWING NO.:

**14-1254-03**

SIGN TYPE:

**Emergency Admitting  
 Installation  
 Layouts**



**EMERGENCY ADMITTING WALL ELEVATION INSTALLATION LAYOUT**  
 SCALE: 3/4" = 1'-0"



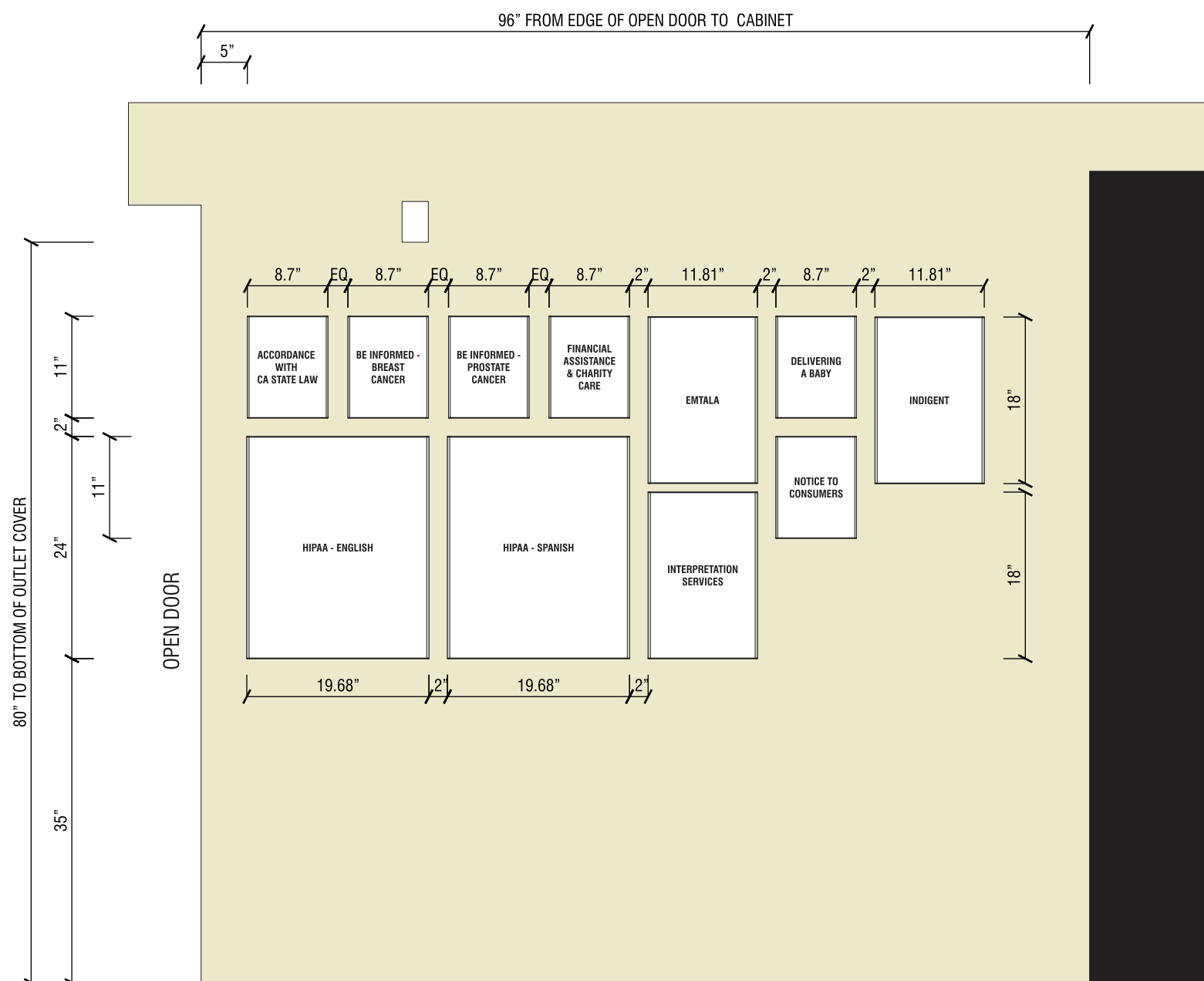
**EXISTING CONDITIONS**



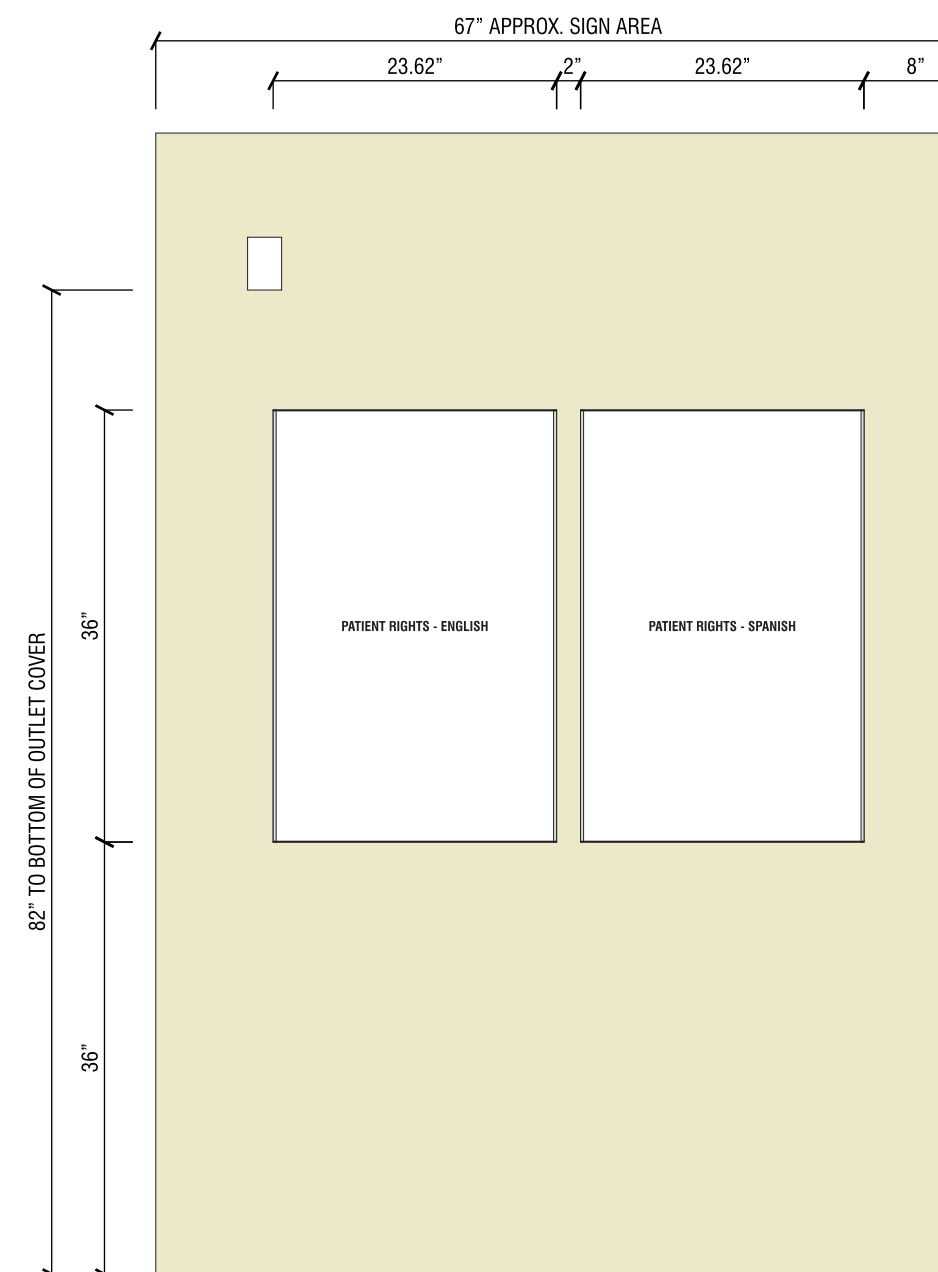
EXISTING CONDITIONS



EXISTING CONDITIONS



TYPICAL ADMITTING MAIN WALL ELEVATION INSTALLATION LAYOUT  
SCALE: 3/4" = 1'-0"



TYPICAL ADMITTING DESK WALL ELEVATION INSTALLATION LAYOUT  
SCALE: 3/4" = 1'-0"

CLIENT INFORMATION:

**Salinas Valley  
Memorial Hospital**  
450 E. Romie Lane  
Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER \_\_\_\_\_

IG PRODUCTION MANAGER \_\_\_\_\_

CLIENT APPROVAL \_\_\_\_\_

SALES REP:

**Rebecca Redmon**

DESIGNER:

**R.Germar**

REVISION DATES:

1 06-11-2014 RLG

2 06-23-2014 RLG

3 06-30-2014 RLG

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VOLTAGE:

120V

240V

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DATE

03-27-2014

PROJECT:

**Compliance Signage**

DRAWING NO:

**14-1254-03**

SIGN TYPE:

**Admitting  
Installation  
Layouts**

CLIENT INFORMATION:

**Salinas Valley  
 Memorial Hospital**  
 450 E. Romie Lane  
 Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER \_\_\_\_\_

IG PRODUCTION MANAGER \_\_\_\_\_

CLIENT APPROVAL \_\_\_\_\_

SALES REP:

**Rebecca Redmon**

DESIGNER:

**R.Germar**

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1 06-11-2014 RLG

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VOLTAGE: 120V   
 240V

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DATE

03-27-2014

PROJECT:

**Compliance Signage**

DRAWING NO:

14-1254-03

SIGN TYPE:

**Floor 1  
 Location Plan**

