

CAPITAL PURCHASE REQUISITION FORM

2/8/2012

**ACTION REQUESTED**

- Purchase Order - One Time
- Professional Service Agreement (PSA)
- Maintenance Agreement
- Capital Purchase Order
- Is Item Budgeted? Yes  No
- Foundation Purchase? Yes  No

**JUSTIFICATION FOR REQUEST**

CMS survey Plan of Correction  
 01-1241-010  
 Asset Accounting String  
 Equipment Major Moveable  
 Accounting String Description

**VENDOR INFORMATION**

New? Yes  No   
 Vendor Name  
 Vendor Account Number  
 Vendor Code

**PURCHASE ORDER INFORMATION**

Additional 106 Forms attached? Yes   
 If Yes, how many 106 Forms?  
 Purchase Requisition Number:  
 example: PO 123456789 - 0001  
 Detailed BOM1 attached? Yes   
 Detailed "CUI" sheet attached? Yes

**REQUESTOR INFORMATION**

##### Cori Thomas FSD  
 Requestor  
 ##### Cori Thomas / Andrea Rosenberg  
 Dept. Manager / Director

All request must be signed and approved by the department manager and administrator

Additional Notes:

Bill to Code

Date Required

Date Ordered

Delivery Date

Item No.	Item Description(s)	1	2	3	4	5	6	Order Total
1	Replacement Sink	1	1					
2	CMS Correction							
3								
4								
5								
6								
Item Total:		\$ 19,766.00	\$ 1,729.53	\$ -	\$ -	\$ -	\$ -	\$ 21,495.53

**FOR PROCUREMENT ONLY**

DO NOT WRITE BELOW THIS LINE

**FOR PROCUREMENT ONLY**

RECOMMEND ACTION: APPROVED  DISAPPROVED   
 Materials Manager: [Signature] Date: 2/8/12  
 Purchasing / Contracts Director: [Signature] Date:

Administrative Officer: [Signature] Date: 2/8/12  
 Administrative Officer: [Signature] Date: 2/8/12

# Val Plumbing & Heating, Inc.

CALIFORNIA STATE CONTRACTORS LICENSE NUMBER 236164

Telephone (831) 424-1633 • Fax (831) 754-5514

413 FRONT STREET

SALINAS, CALIFORNIA 93901-3609

PROPOSAL SUBMITTED TO:		FAX	831-755-4268
ATTN	CORI THOMAS	DATE	February 7, 2012
NAME	NATIVIDAD MED CENTER	JOB NAME	NATIVIDAD MED CENTER
STREET	1441 CONSTITUTION BLVD	STREET	1441 CONSTITUTION BLVD.
CITY	SALINAS	CITY	SALINAS
STATE	CA 93906	STATE	CA 93906

WE PROPOSE TO FURNISH ALL MATERIALS AND PERFORM ALL LABOR NECESSARY TO COMPLETE THE FOLLOWING:

DEMO AND REMOVE EXISTING 3 COMPARTMENT STAINLESS STEEL SINK. PROVIDE AND INSTALL NEW 3 COMPARTMENT SINK. MAKE ALL NECESSARY PLUMBING ADJUSTMENTS.

\*\*QUOTED PRICE \$19,766.00\*\*

- WORK TO BE DONE DURING NORMAL BUSINESS HOURS
- DOES NOT INCLUDE PERMITS OR FEES

This Proposal is good for 30 days from the above date.

We hereby propose to furnish labor and materials - complete in accordance with the above specifications, for the amount of  Dollars \$  with payment

to be made as follows: PAYMENT UPON COMPLETION. SEE BELOW TERMS. All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accident or delay beyond our control. This proposal subject to acceptance within 30 days and is void thereafter at the option of the undersigned.

## TERMS AND CONDITIONS OF SALE

1. All accounts are due and payable NET 30 after delivery and/or installation of equipment or services. Customers without an account, payment is due upon completion unless prior terms are mutually agreed upon by VAL'S PLUMBING & HEATING, INC. and Customer.
2. Unpaid balances may be charged interest at a rate of 1.5% per month (18% annually) after due date.
3. Customer shall be liable for any and all costs of collection incurred by VAL'S PLUMBING & HEATING, INC. (including court costs and attorney's fees) arising from the collection of unpaid invoices issued to customer.
4. In the event that VAL'S PLUMBING & HEATING, INC. must litigate in its efforts to collect unpaid invoices, customer agrees to have any resulting court case heard in The County of Monterey Judicial District. The person executing this document warrants and represents that they have the authority to bind Customer to these Terms and Conditions of Sale by affixing their signature hereto.

**Creamier, Roy D.**

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**From:** David Kidd [David@valsplumbing.com]  
**Sent:** Thursday, February 09, 2012 12:04 PM  
**To:** Creamier, Roy D.  
**Subject:** sink

Here's the breakdown for the sink

MAT	\$ 10,966.12
TAX	\$ 849.87
FRT	\$ 300.00
LABOR	\$ 7,650.00

Thanks

**David Kidd**

Val's Plumbing & Heating, Inc..  
413 Front St. Salinas CA 93901  
ph-831-424-1633 fx-831-754-5514

**Creamier, Roy D.**

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**From:** Rosenberg, Andrea J.  
**Sent:** Thursday, February 09, 2012 3:54 PM  
**To:** Creamier, Roy D.  
**Cc:** Strauss, Hannah H.  
**Subject:** RE: sink

Thanks Roy. As we started previously, this is an Emergency item. We were cited during our CMS validation survey for having an undersized sanitation sink in the kitchen. This new sink will bring NMC into compliance with the CMS Conditions of Participation. The Condition that we fell out on is 482.28 Food and Dietetic Services.

Please let me know if you require anything further. Thanks!

**Andrea Rosenberg**  
Assistant Administrator  
Operations and Support Services  
Natividad Medical Center  
(831) 783-2562  
[rosenbergaj@natividad.com](mailto:rosenbergaj@natividad.com)

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**From:** Creamier, Roy D.  
**Sent:** Thursday, February 09, 2012 3:24 PM  
**To:** Rosenberg, Andrea J.  
**Cc:** Strauss, Hannah H.  
**Subject:** FW: sink

Per your request.

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**From:** David Kidd [mailto:David@valsplumbing.com]  
**Sent:** Thursday, February 09, 2012 12:04 PM  
**To:** Creamier, Roy D.  
**Subject:** sink

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**David Kidd**

Val's Plumbing & Heating, Inc..  
413 Front St. Salinas CA 93901  
ph-831-424-1633 fx-831-754-5514

**AM Natividad MEDICAL CENTER**  
**REQUEST FOR CAPITAL EXPENDITURE**  
**FISCAL YEAR 2012**

14. Requested By:

Curt Thomas  
 Department Manager  
 Amanda Roseberry  
 Administrator  
 Date: 2/8/12  
 Date: 2/8/12

15. Review and Recommendation:

I have reviewed and recommend asset purchase and agree with its acquisition relative to Facilities support.  
 Director of Engineering  
 Date: 2-8-12

I have reviewed and recommend asset purchase and agree with its acquisition relative to Information Systems support.  
 Information Systems Officer  
 Date: 2.8.12

I have reviewed and recommend asset purchase and agree with its acquisition relative to Materiel Management support.  
 Director of Materiel Management  
 Date: 2-8-12

16. Fiscal Impact:

C. Clark  
 Hospital Controller  
 Date: 2-8-12

17. Approval

Chief Executive Officer  
 Chief Financial Officer  
 Date: 2/8/12  
 Date: 2/8/12

Do not complete this form for equipment less than \$5,000 and useful life of less than 3 years.

Dept. No. 8340

In order to gather more information that will result in maximization of our limited funds, please provide the following information for each item you have identified for acquisition. Please view this as a five year process that is essentially revisited annually to update. All proposals and decisions will be made within the context of our strategic plan. Please identify all costs associated with the implementation of this equipment (ex: additional staff to run equipment; site requires physical modification to install; ongoing maintenance or service agreement costs)

Rate this item using the following criteria and briefly describe why and/or how.

R1 = Replacement (Equipment no longer repairable and/or supported by manufacturer) Explain:

R2 = Regulatory (Equipment is required by regulatory agencies - identify, be specific) Explain: CMS survey plan of correction : all compartments of three compartment sink will be large enough to fully immerse large pans used for food production

R3 = Revenue Generating (Equipment associated with existing and/or new program; quantify as much as possible) Explain:

P = Productivity Enhancement (Equipment will result in significant improvement in staff efficiencies; quantify as possible) Explain:

S = Safety (Equipment is necessary to assure patient/staff safety) Explain:

N = New Program (Equipment required to support new and approved program coming) Explain:

O = Other Explain:

**AM Natividad MEDICAL CENTER**  
**REQUEST FOR CAPITAL EXPENDITURE**  
**FISCAL YEAR 2012**

Note: Do not complete this form for equipment less than \$5,000 and useful life of less than 3 years. Complete separate form for each capital request (Please fill out if more than one capital expenditure is being budgeted)

Date: 2/7/2012  
 Department Name: Food Services  
 Dept Number: 8340  
 Budgeted  Not Budgeted   
 CIP Num: \_\_\_\_\_ Fixed Asset Account Num: \_\_\_\_\_  
 Budget Identification Num: U-2012-81 (example: "B-2011-1")  
 Fixed Asset Description: \_\_\_\_\_  
 Date Capital is to begin use/launch/implementation: \_\_\_\_\_

3. Describe capital item requested: demo and remove existing 3 compartment sink, provide and install new 3 compartment sink and make all necessary plumbing adjustments

4. Priority Reason of Capital item requested:  
 Replacement  
 Regulatory Requirement  
 Productivity Enhancement  
 New Program  
 Safety  
 Revenue Generating  
 Other (describe): CMS survey plan of correction

5. Justification for purchase (use & capability): food safety and sanitation, existing compartments in sink not large enough to fully immerse

6. Capital Expense Type:  
 Building Construction  
 Building Repair  
 Information Technology  
 Medical Equipment - Beds  
 Medical Equipment - General  
 Other (describe): sink

7. Vendor(s) info (address, phone #, vendor's pamphlet):  
 Val's Plumbing & Heating Inc. 831-424-1633  
 413 Front Street, Salinas, Ca. 93906

8. Quantity of Capital items requested (ex: 25 Computers): 1

9. Expected useful life of item requested (years): 50 years

10. Funding Source:  
 NMC Funded (Purchase)  
 Finance  
 Foundation Donation  
 Donor: \_\_\_\_\_

11. Requestor Estimated Cost:

A. Capital Asset Cost	B. Tax (rate @ 8.75%)	C. Freight / Shipping & Handling	D. Installation Cost (Engineering)	E. Installation Cost (Information Technology)	F. Other (Specify)	G. Other (Specify)	Capitalized Asset Subtotal	LESS: TRADE-IN	Capitalized Asset Total	H. Annual Maintenance Cost (NON CAPITALIZABLE)	TOTAL ACQUISITION COST
\$ 19,766.00	\$ 1,729.53	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,495.53	\$ -	\$ 21,495.53	\$ -	\$ 21,495.53
No. of Units: 1											
Cost Per Unit: 19,766.00											
Total Cost											

12. Disposition of the item to be replaced:  
 Sold  
 Traded-In  
 Discarded  
 Remain in the area (please explain)

13. Revenue Impact explanation (Attach Pro-forma Statement of Income, Expense, ROI, NPV):



**REQUEST FOR CAPITAL BUDGET AUGMENTATION**

**FISCAL YEAR 2012**

**SUMMARY CAPITAL BUDGET INFORMATION**

BUDGET FISCAL YEAR:	2012	USE DROP DOWN	SELECT ADMINISTRATOR:	
TOTAL APPROVED BUDGET:	\$ 29,871,329		TOTAL ADMINISTRATOR BUDGET:	\$ 29,871,329
				100.0%

**REQUESTED AUGMENTATION FROM 2012 BUDGET ITEM**

APPROVED BUDGET ID #: \_\_\_\_\_  
 APPROVED AMOUNT FY 2012: \_\_\_\_\_  
 BUDGET ID DESCRIPTION: \_\_\_\_\_  
 BUDGET ID # ADMINISTRATOR: \_\_\_\_\_  
 BUDGET ID # MANAGER: \_\_\_\_\_  
 BUDGET ID # DEPARTMENT: \_\_\_\_\_

SPENT AMOUNT FY 2011:	_____
SPENT AMOUNT FY 2012:	_____
SPENT AMOUNT FY 2013:	_____
SPENT AMOUNT FY 2014:	_____
SPENT AMOUNT FY 2015:	_____
SPENT AMOUNT FY 2011-15:	\$ -
REMAINING BALANCE IN FY 2012 BUDGET:	_____
REMAINING BALANCE IN FY 2011-15 BUDGET:	_____
AUGMENTATION AMOUNT:	\$ -
REMAINING BALANCE FY 2012:	_____

**REQUESTED AUGMENTATION TO BUDGETED OR UNBUDGETED ITEM**

APPROVED BUDGET ID #: \_\_\_\_\_  
 APPROVED AMOUNT FY 2012: \_\_\_\_\_  
 BUDGET ID DESCRIPTION: \_\_\_\_\_  
 BUDGET ID # ADMINISTRATOR: \_\_\_\_\_  
 BUDGET ID # MANAGER: \_\_\_\_\_  
 BUDGET ID # DEPARTMENT: \_\_\_\_\_

SPENT AMOUNT FY 2011:	_____
SPENT AMOUNT FY 2012:	_____
SPENT AMOUNT FY 2013:	_____
SPENT AMOUNT FY 2014:	_____
SPENT AMOUNT FY 2015:	_____
SPENT AMOUNT FY 2011-15:	\$ -
REMAINING BALANCE IN FY 2012 BUDGET:	_____
REMAINING BALANCE IN FY 2011-15 BUDGET:	_____
AUGMENTATION AMOUNT:	\$ -
REMAINING BALANCE FY 2012:	_____

APPROVED BUDGET ID #: \_\_\_\_\_  
 APPROVED AMOUNT FY 2012: \_\_\_\_\_  
 BUDGET ID DESCRIPTION: \_\_\_\_\_  
 BUDGET ID # ADMINISTRATOR: \_\_\_\_\_  
 BUDGET ID # MANAGER: \_\_\_\_\_  
 BUDGET ID # DEPARTMENT: \_\_\_\_\_

AGREEMENTING FROM ADMINISTRATOR SIGNATURE: Andrew Roseberry  
 DATE: 2/8/12  
 AGREEMENTING TO ADMINISTRATOR SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**CMS FIRST AID #1000**

**Approval Per David Lee**

**ACCEPTANCE OF PROPOSAL**

\*PERMIT: A permit is required for this scope of work. (If checked, see below.)

Owner to obtain permit \_\_\_\_\_

Val's is to obtain permit \_\_\_\_\_

If Val's is to obtain permit, \$35.00 + permit fee will be added to bill upon completion.

**\*\*CALLING FOR INSPECTION IS THE RESPONSIBILITY OF THE OWNER.**

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified.

Payment will be made as outlined above.

DATE

SIGNATURE

Val's Plumbing & Heating Inc.

ACCEPTED:

DATE

2/8/12

SIGNATURE

Andrea Rosenberg

\*\*\*Must be signed by Owner or Officer\*\*\*

PRINT NAME

Andrea Rosenberg

**Creamier, Roy D.**

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**From:** Derr, Mike x4992 [derrm@co.monterey.ca.us]  
**Sent:** Thursday, February 09, 2012 1:32 PM  
**To:** Creamier, Roy D.  
**Cc:** Saetta, Stacy L.; Mon, Ma x5299; 119-Contracts-Purchasing  
**Subject:** RE: EPO Approval Request

Roy,

I concur with your request for an EPO for the necessary repairs to bring the non-compliance sink issue in to compliance with the recent CMS Audit. I would also suggest that you include a copy of the audit findings requiring the work to be completed to conform to the audit findings as an attachment to your EPO document within Advantage for both audit purposes down the road.

Thanks

Michael R. Derr  
Contracts/Purchasing Officer  
168 West Alisal Street 3rd Floor  
Salinas, CA 93901  
Ph.: (831) 755-4992  
Fax: (831) 755-4969



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**From:** Creamier, Roy D. [mailto:CreamierR@natwidad.com]  
**Sent:** Thursday, February 09, 2012 12:23 PM  
**To:** Derr, Mike x4992

**Subject:** EPO Approval Request  
**Importance:** High

Mike,

Based on the CMS Audit I am requesting your approval to move forward with the attached Purchase with Val's Plumbing for our Dietary Department as an EPO.

Any questions or concerns please let me know.

Thanks, Roy

*Roy Creamier, Director Materials Management*

*Natividad Medical Center*

*1441 Constitution Blvd, Salinas, Ca, 93906*

*New Office - 831-783-2621 Fax - 831-757-2592*

*\*Please note as of 12/16/11 my phone # will be changing.*

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