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

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Facility Number:

10694

Facility Name:

St. Bernardine Medical Center

Address:

2101 North Waterman Avenue

City:

San Bernardino

Hospital Owner/Licensee:

St Bernardine Medical Center

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Robert Omens

Submission Date:

12/10/2013 11:39:44 AM

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-01814 | Main Hospital | 2101 North Waterman Avenue | Rebuild             | SPC5                         | 01/01/2020     | 12/30/2014                  |
| BLD-01815 | South Wing    | 2101 North Waterman Avenue | Remove              | N/A                          | 01/01/2015     | 12/30/2014                  |
| BLD-01817 | Central Tower | 2101 North Waterman Avenue | Retrofit            | SPC2                         | 01/01/2020     | 07/01/2019                  |

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:    |                | Main Hospital |   | 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 |
| 10694           | H131460-36-00  | 0             | IT Services Building                      | 7/8/2013<br>12:00:00<br>AM    | 10/4/2013<br>12:00:00<br>AM | 06/01/2014       | 05/31/2015           | OPEN   | No          |
| 10694           | P-2012-02402   | 0             | SPC-1 Decommissioning- Main Wing- Bldg 01 | 11/9/2012<br>12:00:00<br>AM   | 4/24/2013<br>12:00:00<br>AM | 01/02/2016       |                      | PEND   | No          |

| Building No:    |                | Central Tower |  | 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 |
| 10694           | IL082842-0     | 0             | PPR- CENTRAL TOWER - PATIENT TOWER SEISMIC UPGRADE | 12/23/2008<br>12:00:00<br>AM  |                    | 04/06/2012       | 01/02/2014           | ACTI   | 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-01814**Building Name: **Main Hospital****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"/> Surgical                  | <input type="checkbox"/> Obstetrical Recovery       |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Newborn/WellBaby           |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input 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 type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <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"/> Administration | <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 type="checkbox"/> Support Services          | <input type="checkbox"/> Outpatient Surgery         |
|  |                |                                |                | Total Beds this Building       | <input type="text" value="0"/>                     | <input type="checkbox"/> Obstetrical Cesarean/Deliv |
|  |                |                                |                |                                |  | <input type="checkbox"/> Central Plant              |

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

Building Number: **BLD-01815**Building Name: **South Wing****Type of Service Provided**

|                                     |                               |                |                                 |                |                                |
|-------------------------------------|-------------------------------|----------------|---------------------------------|----------------|--------------------------------|
| <input checked="" type="checkbox"/> | Nursing                       | Inpatient Beds | <input type="text" value="85"/> | 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/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> | Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="36"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/>            | Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/>            | Intermediate<br>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 | <input type="text" value="121"/> |
|--------------------------|----------------------------------|

|  |  |
|--|--|
| <input type="checkbox"/> Surgical                      | <input type="checkbox"/> Obstetrical<br>Recovery   |
| <input type="checkbox"/> Anesthesia                    | <input type="checkbox"/> Newborn/<br>WellBaby      |
| <input type="checkbox"/> Clinical Lab                  | <input type="checkbox"/> Emergency                 |
| <input type="checkbox"/> Radiological/<br>Imaging      | <input type="checkbox"/> Nuclear<br>Medicine       |
| <input type="checkbox"/> Pharmaceutical                | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> Dietetic                      | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Administration                | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Support<br>Services           | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv |  |

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

Building Number: **BLD-01817**Building Name: **Central Tower****Type of Service Provided**

|                                     |                             |                |                                  |                                  |                                    |                                     |                            |                                     |                        |
|-------------------------------------|-----------------------------|----------------|----------------------------------|----------------------------------|------------------------------------|-------------------------------------|----------------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Nursing                     | Inpatient Beds | <input type="text" value="105"/> | Inpatient Days                   | <input type="text" value="18061"/> | <input checked="" type="checkbox"/> | Surgical                   | <input type="checkbox"/>            | Obstetrical Recovery   |
| <input checked="" type="checkbox"/> | IntensiveCare               | Inpatient Beds | <input type="text" value="27"/>  | Inpatient Days                   | <input type="text" value="7818"/>  | <input type="checkbox"/>            | Anesthesia                 | <input checked="" type="checkbox"/> | Newborn/WellBaby       |
| <input checked="" type="checkbox"/> | Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="20"/>  | Inpatient Days                   | <input type="text" value="786"/>   | <input 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="32"/>  | Inpatient Days                   | <input type="text" value="4943"/>  | <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"/> | Administration             | <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 type="checkbox"/>            | Support Services           | <input type="checkbox"/>            | Outpatient Surgery     |
|                                     |                             |                | Total Beds this Building         | <input type="text" value="184"/> |                                    |                                     |                            |                                     |                        |
|                                     |                             |                |                                  |                                  |                                    | <input type="checkbox"/>            | Obstetrical Cesarean/Deliv | <input type="checkbox"/>            | 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-01814

Building Name: Main Hospital

**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**

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

Building Number: BLD-01815

Building Name: South Wing

**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 / 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**

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

Building Number: BLD-01817

Building Name: Central Tower

**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 / 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<br>Removed / Replaced / Rebuilt |
|-----------------|--------------------|--|
| BLD-01814       | Main Hospital      | Rebuild  |
| BLD-01815       | South Wing         | Remove   |
| BLD-01816       | Emergency Building | Remain   |
| BLD-01817       | Central Tower      | Retrofit                                       |
| BLD-01818       | North Tower        | Remain   |
| BLD-01819       | Service Building   | Remain   |
| BLD-01820       | Ancillary Building | Remain   |

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

| Building Number | Building Name | New Site                 |
|-----------------|---------------|--------------------------|
| N_1             | IT Building   | <input type="checkbox"/> |

Report Year:

2013

10694

St. Bernardine Medical Center

San Bernardino

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Report Status: **Data Last Update:** 12/09/2013

**Submission Date:** 12/10/2013

**Print Date:** 12/11/2013 1:50 PM

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neborn/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

|                                       |           |                                       |            |   |      |
|---------------------------------------|-----------|---------------------------------------|------------|---|------|
| Building Nrbr:                        | BLD-01815 | Building Name:                        | South Wing | Year of Information:                        | 2011 |
| <u>Unit Type</u>                      |           | Information Current As Of:            |            |   |      |
| <b>Medical/Surgical (include GYN)</b> |           | <b>Acute Respiratory Care</b>         |            | <b>Acute Psychiatric</b>                    |      |
| Inpatient Beds                        | 85        | Patient Days                          | 0          | Inpatient Beds                              | 36   |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Perinatal (exclude Neborn/GYN)</b> |           | <b>Burn</b>                           |            | <b>Skilled Nursing</b>                      |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Pediatric</b>                      |           | <b>Intensive Care Newborn Nursery</b> |            | <b>Intermediate Care</b>                    |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Intensive Care</b>                 |           | <b>Rehabilitation Center</b>          |            | <b>Int. Care/Developmentally Disabled</b>   |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Coronary Care</b>                  |           | <b>Chemical Dependency</b>            |            | <b>Total Beds this Building per Unit</b>    |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          |   | 121  |
|                                       |           |                                       |            | <b>Total Beds this Building per Service</b> | 0    |

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

|                                       |           |                                       |            |   |      |
|---------------------------------------|-----------|---------------------------------------|------------|---|------|
| Building Nrbr:                        | BLD-01815 | Building Name:                        | South Wing | Year of Information:                        | 2012 |
| <u>Unit Type</u>                      |           | Information Current As Of:            |            |   |      |
| <b>Medical/Surgical (include GYN)</b> |           | <b>Acute Respiratory Care</b>         |            | <b>Acute Psychiatric</b>                    |      |
| Inpatient Beds                        | 85        | Patient Days                          | 0          | Inpatient Beds                              | 36   |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Perinatal (exclude Neborn/GYN)</b> |           | <b>Burn</b>                           |            | <b>Skilled Nursing</b>                      |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Pediatric</b>                      |           | <b>Intensive Care Newborn Nursery</b> |            | <b>Intermediate Care</b>                    |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Intensive Care</b>                 |           | <b>Rehabilitation Center</b>          |            | <b>Int. Care/Developmentally Disabled</b>   |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          | Inpatient Beds                              | 0    |
|                                       |           |                                       |            | Patient Days                                | 0    |
| <b>Coronary Care</b>                  |           | <b>Chemical Dependency</b>            |            | <b>Total Beds this Building per Unit</b>    |      |
| Inpatient Beds                        | 0         | Patient Days                          | 0          |   | 121  |
|                                       |           |                                       |            | <b>Total Beds this Building per Service</b> | 121  |

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:

BLD-01815

Building Name:

South Wing

Year of Information:

2010

Type of Services Provided

|   |                |                                 |              |                                |
|---|----------------|---------------------------------|--------------|--------------------------------|
| <input checked="" type="checkbox"/> Nursing             | Inpatient Beds | <input type="text" value="85"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare                  | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent           | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="36"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum     | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care              | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing                | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |

Total Beds this Building per service

Information Current As Of:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia           | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Dietetic             |   |   |
| <input type="checkbox"/> Administration       |   |   |

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01815

Building Name:

South Wing

Year of Information: 2011

Information Current As Of:

Type of Services Provided

|   |                |                                 |              |                                |
|---|----------------|---------------------------------|--------------|--------------------------------|
| <input checked="" type="checkbox"/> Nursing             | Inpatient Beds | <input type="text" value="85"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare                  | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent           | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="36"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum    | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care              | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing                | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |

Total Beds this Building per service 

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia           | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Dietetic             |   |   |
| <input type="checkbox"/> Administration       |   |   |

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01815

Building Name:

South Wing

Year of Information: 2012

Information Current As Of:

Type of Services Provided

|   |                |                                 |              |                                |
|---|----------------|---------------------------------|--------------|--------------------------------|
| <input checked="" type="checkbox"/> Nursing             | Inpatient Beds | <input type="text" value="85"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare                  | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent           | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="36"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum    | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care              | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing                | Inpatient Beds | <input type="text" value="0"/>  | Patient Days | <input type="text" value="0"/> |

Total Beds this Building per service 

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia           | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Dietetic             |   |   |
| <input 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-01814 | Building Name: | Main Hospital |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |           |                |               |
| Administration  | N/A       |                |               |

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

|   |           |                |            |
|---|-----------|----------------|------------|
| Building Number:  | BLD-01815 | Building Name: | South Wing |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |           |                |            |
| Nursing   | N/A       |                |            |

|   |           |                |            |
|---|-----------|----------------|------------|
| Building Number:  | BLD-01815 | Building Name: | South Wing |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |           |                |            |
| Psychiatric Nursing   | N/A       |                |            |

Building  
Number:

BLD-01815

Building Name:

South Wing

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-01815

Building Name:

South Wing

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

Acute Psychiatric

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-01814

Building Name:

Main Hospital

**Type of Service Provided**

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

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-01815

Building Name:

South Wing

**Type of Service Provided**

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

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-01817

Building Name:

Central Tower

**Type of Service Provided**

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Nursing                       | <input checked="" type="checkbox"/> Surgical       | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv   | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery         | <input type="checkbox"/> Renal Dialysis            |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input checked="" type="checkbox"/> Newborn/<br>WellBaby | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing                   | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                       | <input type="checkbox"/> Central Plant             |
| <input checked="" type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear<br>Medicine             | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care                     | <input 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-01814

Building Name:

Main Hospital

Configuration:

Remove from GAC service by 1/1/2020

**Type of Service Provided**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input 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-01815

Building Name:

South Wing

Configuration:

Remove from GAC service by 1/1/2015

**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

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-01816

Building Name:

Emergency Building

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input checked="" type="checkbox"/> Emergency          | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>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-01817

Building Name:

Central Tower

Configuration:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/Deliv

Rehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
Nursing

Radiological/  
Imaging

Newborn/  
WellBaby

Outpatient  
Surgery

Obstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

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

Building Number:

BLD-01818

Building Name:

North Tower

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

**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

Administration

Skilled Nursing

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:  Building Name:

Configuration:

**Type of Service Provided**

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

Configuration:

**Type of Service Provided**

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

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-01816**Building Name: **Emergency Building****Type of Service Provided**

|  |                |                                |   |  |  |
|--|----------------|--------------------------------|---|--|--|
| <input type="checkbox"/> Nursing                       | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia               |  |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical           | <input checked="" type="checkbox"/> Emergency          | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01818**Building Name: **North Tower****Type of Service Provided**

|                                     |                               |                |                                  |                          |                          |                                     |                               |                                     |                           |
|-------------------------------------|-------------------------------|----------------|----------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Nursing                       | Inpatient Beds | <input type="text" value="104"/> | <input type="checkbox"/> | Surgical                 | <input checked="" type="checkbox"/> | Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/>            | Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> | IntensiveCare                 | Inpatient Beds | <input type="text" value="40"/>  | <input type="checkbox"/> | Anesthesia               | <input type="checkbox"/>            | Obstetrical<br>Recovery       | <input checked="" type="checkbox"/> | Renal Dialysis            |
| <input type="checkbox"/>            | Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> | Clinical Lab             | <input type="checkbox"/>            | Newborn/<br>WellBaby          | <input type="checkbox"/>            | Outpatient<br>Surgery     |
| <input type="checkbox"/>            | Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> | Radiological/<br>Imaging | <input type="checkbox"/>            | Emergency                     | <input type="checkbox"/>            | Central Plant             |
| <input checked="" type="checkbox"/> | Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="14"/>  | <input type="checkbox"/> | Pharmaceutical           | <input checked="" type="checkbox"/> | Dietetic                      | <input type="checkbox"/>            | Nuclear<br>Medicine       |
| <input type="checkbox"/>            | Intermediate<br>Care          | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> | Administration           |                                     |                               | <input type="checkbox"/>            | Support<br>Services       |
| <input type="checkbox"/>            | Skilled Nursing               | Inpatient Beds | <input type="text" value="0"/>   |                          |                          |                                     |                               |                                     |                           |
|                                     | Total Beds this<br>Building   |                | <input type="text" value="158"/> |                          |                          |                                     |                               |                                     |                           |

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-01819**Building Name: **Service Building****Type of Service Provided**

|  |                |                                |   |  |  |
|--|----------------|--------------------------------|---|--|--|
| <input type="checkbox"/> Nursing                       | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia               |  |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input checked="" type="checkbox"/> Central Plant  |
| <input type="checkbox"/> Intermediate<br>Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01820**Building Name: **Ancillary Building****Type of Service Provided**

|  |                |                                |  |   |   |
|--|----------------|--------------------------------|--|---|---|
| <input type="checkbox"/> Nursing                       | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv  | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Anesthesia               |   |   |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery        | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby           | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                      | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Intermediate<br>Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                            | <input checked="" type="checkbox"/> Nuclear<br>Medicine | <input checked="" type="checkbox"/> Support<br>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-01816

Building Name:

Emergency 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**

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-01818

Building Name:

North Tower

**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**

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-01819

Building Name:

Service 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**

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-01820

Building Name:

Ancillary 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**