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

Facility Number:

10969

Facility Name:

Dominican Hospital Santa Cruz/Frederick

Address:

610 Frederick Street

City:

Santa Cruz

Hospital Owner/Licensee:

Dominican Hospital Santa Cruz

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 11:45:16 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-02312	Original Hospital	610 Frederick Street	Replace	SPC2	01/01/2015	12/31/2013
BLD-03807	Exterior Canopy	610 Frederick Street	Remove	N/A	01/01/2015	12/31/2013

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-02312		Original 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
10969	P-2012-02129	0	SPC-1 Decommissioning of Orig. Hospital, N. Wing, 3 Story Add Tower, Emerg. Rm Expansion, ICCU/CCU A	10/5/2012 12:00:00 AM	12/27/2012 12:00:00 AM	03/01/2012	12/31/2013	OPEN	No
10972	IM-2011-00007	0	2nd Floor Acute Rehab Renovation	12/22/2011 12:00:00 AM		03/01/2012		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-02312**Building Name: **Original Hospital****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="20"/>	Inpatient Days	<input type="text" value="5036"/>	<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 checked="" 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 checked="" type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="37"/>	Inpatient Days	<input type="text" value="9596"/>	<input checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Outpatient Surgery
		Total Beds this Building	<input type="text" value="57"/>		<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-02312

Building Name: Original 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-03807

Building Name: Exterior Canopy

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 Removed / Replaced / Rebuilt
BLD-02312	Original Hospital	Replace
BLD-02315	Emergency Room Expansion	Remove
BLD-02317	Emergency Generator Building	Remove
BLD-02318	Electrical Building	Remove
BLD-02319	Acute Rehabilitation Gym	Remove
BLD-03807	Exterior Canopy	Remove
BLD-05402	Connecting Structure	Remove
BLD-05403	Laboratory Expansion	Remove

Report Year:

2013

10969

Dominican Hospital Santa Cruz/Frederick

Santa Cruz

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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

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

BLD-02312

Original Hospital

Removal
Date:

12/31/2013

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

Planned use for building:

Clinic

Jurisdiction:

OSHPD

Inpatient services currently delivered in the building:

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear
MedicineRehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

BLD-03807

Exterior Canopy

Removal
Date:

12/31/2013

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

Planned use for building:

Clinic

Jurisdiction:

OSHPD

Inpatient services currently delivered in the building:

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

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-02315	Building Name:	Emergency Room Expansion	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02315	Building Name:	Emergency Room Expansion	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02317	Building Name:	Emergency Generator Building	Year of Information:	2010
Unit Type			Information Current As Of:		
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Total Beds this Building per Service	<input type="text" value="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-02317	Building Name:	Emergency Generator Building	Year of Information:	2011
Unit Type		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02317	Building Name:	Emergency Generator Building	Year of Information:	2012
Unit Type			Information Current As Of:		
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="text" value="0"/>	
	<input type="text" value="0"/>		<input type="text" value="0"/>	Total Beds this Building per Service	
				<input type="text" value="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-02318	Building Name:	Electrical Building	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02318	Building Name:	Electrical Building	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02318	Building Name:	Electrical Building	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02319	Building Name:	Acute Rehabilitation Gym	Year of Information:	2010
Unit Type		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02319	Building Name:	Acute Rehabilitation Gym	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-02319	Building Name:	Acute Rehabilitation Gym	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-03807	Building Name:	Exterior Canopy	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-03807	Building Name:	Exterior Canopy	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-03807	Building Name:	Exterior Canopy	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05402	Building Name:	Connecting Structure	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05402	Building Name:	Connecting Structure	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05402	Building Name:	Connecting Structure	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05403	Building Name:	Laboratory Expansion	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05403	Building Name:	Laboratory Expansion	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="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-05403	Building Name:	Laboratory Expansion	Year of Information:	2012
Unit Type			Information Current As Of:		
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Total Beds this Building per Service	<input type="text" value="0"/>

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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-02317

Building Name:

Emergency Generator Building

Year of Information: 2010

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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-02317

Building Name:

Emergency Generator Building

Year of Information: 2011

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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-02318

Building Name:

Electrical Building

Year of Information: 2012

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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		

Total Beds this Building per service

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-02319

Building Name:

Acute Rehabilitation Gym

Year of Information: 2012

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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-05402

Building Name:

Connecting Structure

Year of Information: 2010

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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		

Total Beds this Building per service

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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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		

Total Beds this Building per service

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:

Building Name:

Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

<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 checked="" 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		

Total Beds this Building per service

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-05403

Building Name:

Laboratory Expansion

Year of Information: 2011

Information Current As Of:

09/23/2013

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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 type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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 checked="" 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: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	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/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	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"/>

- 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

Total Beds this Building per service

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-02312	Building Name:	Original Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Nursing	Relocated to other building								
Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date		
10972	IM-2011-00007	0	2nd Floor Acute Rehab Renovation	2011-12-22		03/01/2012	12/31/2013	ACTI	

Building Number:	BLD-02312	Building Name:	Original Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Skilled Nursing	N/A								

Building Number:	BLD-02312	Building Name:	Original Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Support Services	N/A								

Report Year:

2013

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Dominican Hospital Santa Cruz/Frederick

Santa Cruz

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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

Building
Number:

BLD-02312

Building Name:

Original Hospital

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

Rehabilitation
Therapy

N/A

Building
Number:

BLD-02312

Building Name:

Original Hospital

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

Rehabilitation
Center

N/A

Building
Number:

BLD-02312

Building Name:

Original Hospital

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

Skilled Nursing

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-02315

Building Name: Emergency Room Expansion

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

Rehabilitation
Therapy

Removed from hospital services

Building
Number:

BLD-02317

Building Name: Emergency Generator Building

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

CentralPlant

Removed from hospital services

Building
Number:

BLD-02318

Building Name: Electrical Building

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

CentralPlant

Removed from hospital services

Building
Number:

BLD-02319

Building Name: Acute Rehabilitation Gym

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

Rehabilitation
Therapy

Removed from hospital services

Report Year:

2013

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Dominican Hospital Santa Cruz/Frederick

Santa Cruz

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Building
Number:

BLD-05403

Building Name:

Laboratory Expansion

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

ClinicalLab

Removed from hospital services

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-02312

Building Name:

Original Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" 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-03807

Building Name:

Exterior Canopy

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: Building Name:

Configuration:

Type of Service Provided

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

Configuration:

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: Building Name:

Configuration:

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-02318

Building Name:

Electrical Building

Configuration:

Remove from GAC service by 1/1/2015

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-02319

Building Name:

Acute Rehabilitation Gym

Configuration:

Remove from GAC service by 1/1/2015

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-03807

Building Name:

Exterior Canopy

Configuration:

Remove from GAC service by 1/1/2015

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05402

Building Name:

Connecting Structure

Configuration:

Remove from GAC service by 1/1/2015

Type of Service Provided

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

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: Building Name:

Configuration:

Type of Service Provided

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

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-02315**Building Name: **Emergency Room Expansion****Type of Service Provided**

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

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

Building Number: **BLD-02317**Building Name: **Emergency Generator Building****Type of Service Provided**

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

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

Building Number: **BLD-02318**Building Name: **Electrical Building****Type of Service Provided**

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

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

Building Number: **BLD-02319**Building Name: **Acute Rehabilitation Gym****Type of Service Provided**

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

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

Building Number: **BLD-05402**Building Name: **Connecting Structure****Type of Service Provided**

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

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

Building Number: **BLD-05403**Building Name: **Laboratory Expansion****Type of Service Provided**

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

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

Building Number:

BLD-02315

Building Name:

Emergency Room Expansion

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-02317

Building Name:

Emergency Generator 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-02318

Building Name:

Electrical 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-02319

Building Name:

Acute Rehabilitation Gym

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-05402

Building Name:

Connecting Structure

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-05403

Building Name:

Laboratory Expansion

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