

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

Facility Number:

13142

Facility Name:

Kaiser Foundation Hospital - Rehabilitation Center Vallejo

Address:

975 Sereno Drive

City:

Vallejo

Hospital Owner/Licensee:

Kaiser Foundation Hosp # 110000026

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Kit Neal

Submission Date:

12/10/2013 2:34:39 PM

Report Year:

2013

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Kaiser Foundation Hospital - Rehabilitation
Center Vallejo

Vallejo

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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-00208	Hospital	975 Sereno Drive	Rebuild	SPC5	01/01/2016	07/25/2013

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-00208	Hospital	Retrofit/Replacement Project:	Other			
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
13142	HS013273-0	0		12/13/2001 12:00:00 AM	10/17/2005 12:00:00 AM	01/23/2004	01/01/2013	CLOS	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-00208**

Building Name: **Hospital**

Type of Service Provided

- | | | | | |
|--|----------------|--------------------------------|----------------|--------------------------------|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adol
escent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric
Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate
Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |

Total Beds this Building

- | | |
|--|--|
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Recovery |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/
WellBaby |
| <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input checked="" type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Nuclear
Medicine |
| <input type="checkbox"/> Pharmaceutical | |
| <input type="checkbox"/> Dietetic | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Support
Services | <input type="checkbox"/> Outpatient
Surgery |
| <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-00208

Building Name: 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**

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-00204	Central Plant East	Remain
BLD-00205	Hospital Addition	Retrofit
BLD-00206	ER Addition	Rebuild
BLD-00207	Central Plant West	Rebuild
BLD-00208	Hospital	Rebuild
BLD-02778	Central Plant	Remain
BLD-02779	Hospital Tower	Rebuild
BLD-03631	Central Plant East Storage / LOX	Remain

Report Year:

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

Submission Date: 12/10/2013

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

Report Year:

2013

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

Submission Date: 12/10/2013

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

Report Year:

2013

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

Submission Date: 12/10/2013

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

Report Year:

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

Submission Date: 12/10/2013

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

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-00207	Building Name:	Central Plant West
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
CentralPlant	N/A		
Building Number:	BLD-00208	Building Name:	Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
ClinicalLab	N/A		
Building Number:	BLD-00208	Building Name:	Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Radiological/Imaging	N/A		
Building Number:	BLD-02779	Building Name:	Hospital Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Nursing	N/A		

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Intensive Care

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Surgical

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Anesthesia

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Radiological/Imaging

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Pharmaceutical

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Dietetic

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Administration

N/A

Building
Number:

BLD-02779

Building Name:

Hospital Tower

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

Emergency

N/A

Building
Number:

BLD-02779

Building Name: Hospital Tower

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

Rehabilitation
Therapy

N/A

Building
Number:

BLD-02779

Building Name: Hospital Tower

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

Renal Dialysis

N/A

Building
Number:

BLD-02779

Building Name: Hospital Tower

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

OutpatientSurgery

N/A

Building
Number:

BLD-02779

Building Name: Hospital Tower

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

Medical/Surgical
(Include GYN)

N/A

Building Number:

BLD-02779

Building Name:

Hospital Tower

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

Intensive Care

N/A

Building Number:

BLD-02779

Building Name:

Hospital Tower

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

Coronary Care)

N/A

Building Number:

BLD-02779

Building Name:

Hospital Tower

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

Rehabilitation Center

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-00208

Building Name:

Hospital

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 checked="" 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:

BLD-00204

Building Name:

Central Plant East

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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

Building Number:

BLD-00205

Building Name:

Hospital Addition

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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

Building Number:

BLD-00206

Building Name:

ER Addition

Configuration:

Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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

Building Number:

BLD-00207

Building Name:

Central Plant West

Configuration:

Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.

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-00208

Building Name:

Hospital

Configuration:

Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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

Building Number:

BLD-02778

Building Name:

Central Plant

Configuration:

N/A

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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

Building Number:

BLD-02779

Building Name:

Hospital Tower

Configuration:

N/A

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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

Building Number:

BLD-03631

Building Name:

Central Plant East Storage / LOX

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

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-00204

Building Name:

Central Plant East

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-00205**Building Name: **Hospital Addition****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="12"/>	<input type="checkbox"/>	Surgical	<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Rehabilitation Therapy
<input type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Anesthesia				
<input type="checkbox"/>	Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input checked="" type="checkbox"/>	Obstetrical Recovery	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Radiological/ Imaging	<input checked="" type="checkbox"/>	Newborn/ WellBaby	<input type="checkbox"/>	Outpatient Surgery
<input checked="" type="checkbox"/>	Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="48"/>	<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 checked="" type="checkbox"/>	Nuclear Medicine	<input type="checkbox"/>	Support Services
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Administration				
Total Beds this Building			<input type="text" value="60"/>						

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-00206**Building Name: **ER Addition****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-00207**Building Name: **Central Plant West****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-02778**Building Name: **Central Plant****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-02779**Building Name: **Hospital Tower****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="174"/>	<input checked="" type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Rehabilitation Therapy
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="14"/>	<input checked="" type="checkbox"/>	Anesthesia				
<input type="checkbox"/>	Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Obstetrical Recovery	<input checked="" type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Radiological/ Imaging	<input type="checkbox"/>	Newborn/ WellBaby	<input checked="" type="checkbox"/>	Outpatient Surgery
<input type="checkbox"/>	Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Pharmaceutical	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Central Plant
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" 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 checked="" type="checkbox"/>	Administration				
	Total Beds this Building		<input type="text" value="188"/>						

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-03631**Building Name: **Central Plant East Storage / LOX****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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00204

Building Name:

Central Plant East

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-00205

Building Name:

Hospital Addition

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-00206

Building Name:

ER Addition

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-00207

Building Name:

Central Plant West

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-02778

Building Name:

Central Plant

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-02779

Building Name:

Hospital Tower

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number:

BLD-03631

Building Name:

Central Plant East Storage / LOX

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**