



### Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per [Section 130061\(e\)](#)

|                  |  |
|------------------|--|
| Facility Number: | <input type="text" value="12432"/>   |
| Facility Name:   | <input type="text" value="Laguna Honda Hospital &amp; Rehabilitation Center"/> |
| Address:         | <input type="text" value="375 Laguna Honda Blvd."/>                            |
| City:            | <input type="text" value="San Francisco"/>                                     |

|                            |   |
|----------------------------|---|
| Hospital Owner/Licensee:   | <input type="text" value="City And County of San Francisco Department of Public Health"/> |
| Year of Reporting:         | <input type="text" value="2015"/>   |
| Contact 1 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/>                |
| Contact 2 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/>                |
| Contact 3 e-mail Address:: | <input type="text" value="[Confidential data left blank intentionally.]"/>                |
| Name of Submitter:         | <input type="text" value="Diana Kenyon"/>   |
| Submission Date:           | <input type="text" value="10/21/2015 3:50:43 PM"/>  |

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-01086 | Main Hospital - Bldg H Wings A to F | 375 Laguna Honda Blvd.     | Rebuild             | SPC5                         | 01/01/2013     | 12/07/2010                  |
| BLD-01087 | Main Hospital - Wings K & L         | 375 Laguna Honda Blvd.     | Rebuild             | SPC5                         | 01/01/2013     | 12/07/2010                  |
| BLD-01088 | Main Hospital - Wings M & O         | 375 Laguna Honda Blvd.     | Rebuild             | SPC5                         | 01/01/2013     | 12/07/2010                  |
| BLD-01091 | Power House                         | 375 Laguna Honda Blvd.     | Remove              | N/A                          | 01/01/2013     | 01/01/2004                  |
| BLD-01092 | Power House Additions               | 375 Laguna Honda Blvd.     | Remove              | N/A                          | 01/01/2013     | 01/01/2004                  |

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-01086** **Main Hospital - Bldg H Wings A to F** Retrofit/Replacement Project: **Yes-Submitted**

| Facility Number | Project Number | Sub Num | Scope           | Date In    | Plan Approved Date         | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|-----------------|------------|----------------------------|----------------------|---------------------------|--------|-------------|
| 12432           | HS013115-0     | 0       | EAST RESIDENCE  | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | CLOS   | No          |
| 12432           | HS013117-0     | 0       | SOUTH RESIDENCE | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | CLOS   | No          |

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-01087** **Main Hospital - Wings K & L** Retrofit/Replacement Project: **Yes-Submitted**

| Facility Number | Project Number | Sub Num | Scope           | Date In    | Plan Approved Date         | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|-----------------|------------|----------------------------|----------------------|---------------------------|--------|-------------|
| 12432           | HS013115-0     | 0       | EAST RESIDENCE  | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | CLOS   | No          |
| 12432           | HS013117-0     | 0       | SOUTH RESIDENCE | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | CLOS   | No          |

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-01088

Main Hospital - Wings M &amp; O

Retrofit/Replacement  
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope           | Date In    | Plan Approved Date         | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|-----------------|------------|----------------------------|----------------------|---------------------------|--------|-------------|
| 12432           | HS013115-0     | 0       | EAST RESIDENCE  | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | CLOS   | No          |
| 12432           | HS013117-0     | 0       | SOUTH RESIDENCE | 10/10/2001 | 1/4/2005<br>12:00:00<br>AM | 04/01/2004           | 01/01/2011                | 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-01086

Building Name: Main Hospital - Bldg H Wings A to F

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

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

Building Number: BLD-01087

Building Name: Main Hospital - Wings K & L

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

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

Building Number: BLD-01088

Building Name: Main Hospital - Wings M & O

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant

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

Building Number: BLD-01091

Building Name: Power House

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant

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

Building Number: BLD-01092

Building Name: Power House Additions

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  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-01086

Building Name: Main Hospital - Bldg H Wings A to F

**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-01087

Building Name: Main Hospital - Wings K & L

**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-01088

Building Name: Main Hospital - Wings M & O

**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-01091

Building Name: Power House

**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-01092

Building Name: Power House Additions

**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-01086       | Main Hospital - Bldg H Wings A to F | Rebuild                                     |
| BLD-01087       | Main Hospital - Wings K & L         | Rebuild                                     |
| BLD-01088       | Main Hospital - Wings M & O         | Rebuild                                     |
| BLD-01091       | Power House                         | Remove                                      |
| BLD-01092       | Power House Additions               | Remove                                      |
| BLD-03809       | South Residence                     | Remain                                      |
| BLD-05918       | North Residence                     | Remain                                      |
| BLD-05919       | Pavilion Building                   | Remain                                      |
| BLD-05920       | Generator Building                  | Remain                                      |

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

| Building Number | Building Name     | New Site |
|-----------------|-------------------|----------|
| N_1             | South Residence   |          |
| N_2             | North Residence   |          |
| N_3             | Pavilion Building |          |

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\(c\)\(2\)\(C\)](#)

Building Number:

BLD-01086

Main Hospital - Bldg H Wings A to F

Removal  
Date:

12/07/2010

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

Planned use for building: Other

Jurisdiction:

Other Usage: Administration

Inpatient services currently delivered in the building:

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

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\(c\)\(2\)\(C\)](#)

Building Number: BLD-01087

Main Hospital - Wings K &amp; L

Removal  
Date:

12/07/2010

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

Planned use for building:

[Inpatient services currently delivered in the building:](#)

 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

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\(c\)\(2\)\(C\)](#)

Building Number: BLD-01088

Main Hospital - Wings M &amp; O

Removal  
Date:

12/07/2010

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

Planned use for building:

[Inpatient services currently delivered in the building:](#)

 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

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\(c\)\(2\)\(C\)](#)

Building Number: BLD-01091

Power House

Removal  
Date:

01/01/2004

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

Planned use for building:

[Inpatient services currently delivered in the building:](#)

 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

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\(c\)\(2\)\(C\)](#)

Building Number: BLD-01092

Power House Additions

Removal  
Date:

01/01/2004

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

Planned use for building:

[Inpatient services currently delivered in the building:](#)

 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

Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2012

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 and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2013  
 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 and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2014

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 and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-01092 Building Name: Power House Additions Year of Information: 2012  
 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 and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-01092 Building Name: Power House Additions Year of Information: 2013  
 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 and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

|                                       |                                |                                       |                                |   |                                |
|---------------------------------------|--------------------------------|---------------------------------------|--------------------------------|---|--------------------------------|
| Building Nbr:                         | BLD-01092                      | Building Name:                        | Power House Additions          | Year of Information:                        | 2014                           |
| Unit Type                             |                                | Information Current As Of:            |                                |   |                                |
| <b>Medical/Surgical (include GYN)</b> |                                | <b>Acute Respiratory Care</b>         |                                | <b>Acute Psychiatric</b>                    |                                |
| 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"/> |
| <b>Perinatal (exclude Neborn/GYN)</b> |                                | <b>Burn</b>                           |                                | <b>Skilled Nursing</b>                      |                                |
| 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"/> |
| <b>Pediatric</b>                      |                                | <b>Intensive Care Newborn Nursery</b> |                                | <b>Intermediate Care</b>                    |                                |
| 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"/> |
| <b>Intensive Care</b>                 |                                | <b>Rehabilitation Center</b>          |                                | <b>Int. Care/Developmentally Disabled</b>   |                                |
| 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"/> |
| <b>Coronary Care</b>                  |                                | <b>Chemical Dependency</b>            |                                | <b>Total Beds this Building per Unit</b>    |                                |
| 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"/> | <b>Total Beds this Building per Service</b> | <input type="text" value="0"/> |

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2012

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"/> |

Total Beds this Building per service

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

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2013

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 and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01091 Building Name: Power House Year of Information: 2014

Information Current As Of: 10/21/2015

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 and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01092 Building Name: Power House Additions Year of Information: 2012

Information Current As Of:

Type of Services Provided

- Nursing Inpatient Beds  Patient Days
- IntensiveCare Inpatient Beds  Patient Days
- Pediatric/Adolescent Inpatient Beds  Patient Days
- Psychiatric Nursing Inpatient Beds  Patient Days
- Obstetrical Ante/Postpartum Inpatient Beds  Patient Days
- Intermediate Care Inpatient Beds  Patient Days
- Skilled Nursing Inpatient Beds  Patient Days

- Surgical  Obstetrical Cesarean/Deliv  Rehabilitation Therapy
- Anesthesia  Obstetrical Recovery  Renal Dialysis
- Clinical Lab  Newborn/WellBaby  Outpatient Surgery
- Radiological/Imaging  Emergency  Central Plant
- Pharmaceutical  Nuclear Medicine  Support Services
- Dietetic  Administration

Total Beds this Building per service

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01092 Building Name: Power House Additions Year of Information: 2013

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 and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-01092 Building Name: Power House Additions Year of Information: 2014

Information Current As Of:

Type of Services Provided

- Nursing Inpatient Beds  Patient Days
- IntensiveCare Inpatient Beds  Patient Days
- Pediatric/Adolescent Inpatient Beds  Patient Days
- Psychiatric Nursing Inpatient Beds  Patient Days
- Obstetrical Ante/Postpartum Inpatient Beds  Patient Days
- Intermediate Care Inpatient Beds  Patient Days
- Skilled Nursing Inpatient Beds  Patient Days

- Surgical  Obstetrical Cesarean/Deliv  Rehabilitation Therapy
- Anesthesia  Obstetrical Recovery  Renal Dialysis
- Clinical Lab  Newborn/WellBaby  Outpatient Surgery
- Radiological/Imaging  Emergency  Central Plant
- Pharmaceutical  Nuclear Medicine  Support Services
- Dietetic  Administration

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-01086 Building Name: Main Hospital - Bldg H Wings A to F

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

Administration N/A

No data reported for Section 130061(c)(3).

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-01086

Building Name: Main Hospital - Bldg H Wings A to F

**Type of Service Provided**

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

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

Building Number: BLD-01087

Building Name: Main Hospital - Wings K &amp; L

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input 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-01088

Building Name: Main Hospital - Wings M & O

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input 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-01091

Building Name: Power House

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input 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-01092

Building Name: Power House Additions

**Type of Service Provided**

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input 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-01086

Building Name: Main Hospital - Bldg H Wings A to F

Configuration: N/A

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input 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-01087

Building Name: Main Hospital - Wings K & L

Configuration: N/A

**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-01088

Building Name: Main Hospital - Wings M & O

Configuration: N/A

**Type of Service Provided**

- Nursing
- IntensiveCare
- Pediatric/Adolescent
- Psychiatric Nursing
- Obstetrical Ante/Postpartum
- 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-01091

Building Name: Power House

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adolescent

Psychiatric Nursing

Obstetrical Ante/Postpartum

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-01092

Building Name: Power House Additions

Configuration: N/A

**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-03809

Building Name: South Residence

Configuration: N/A

**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-05918

Building Name: North Residence

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adolescent

Psychiatric Nursing

Obstetrical Ante/Postpartum

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-05919

Building Name: Pavilion Building

Configuration: N/A

**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-05920

Building Name: Generator Building

Configuration: N/A

**Type of Service Provided**

- Nursing
- IntensiveCare
- Pediatric/Adolescent
- Psychiatric Nursing
- Obstetrical Ante/Postpartum
- 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

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-03809

Building Name: South Residence

**Type of Service Provided**

|   |                |                                  |
|---|----------------|----------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="0"/>   |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/>   |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/>   |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/>   |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/>   |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/>   |
| <input checked="" type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="300"/> |

|  |   |   |
|--|---|---|
| <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

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-05918

Building Name: North Residence

**Type of Service Provided**

- Nursing Inpatient Beds 0
- IntensiveCare Inpatient Beds 0
- Pediatric/Adol escent Inpatient Beds 0
- Psychiatric Nursing Inpatient Beds 0
- Obstetrical Ante/Postprtum Inpatient Beds 0
- Intermediate Care Inpatient Beds 0
- Skilled Nursing Inpatient Beds 420

- 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 420

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-05919

Building Name: Pavilion Building

**Type of Service Provided**

|   |                |                                 |
|---|----------------|---------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="11"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/>  |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/>  |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/>  |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/>  |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/>  |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds | <input type="text" value="49"/> |

Total Beds this Building

|   |   |  |
|---|---|--|
| <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 checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant                     |
| <input checked="" type="checkbox"/> Pharmaceutical        | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services                  |
| <input checked="" type="checkbox"/> Dietetic              |   |  |
| <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-05920

Building Name: Generator Building

**Type of Service Provided**

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 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

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-03809 Building Name: South Residence

**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-05918 Building Name: North Residence

**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-05919 Building Name: Pavilion 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-05920 Building Name: 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**