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

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Facility Number:

10242

Facility Name:

Central Valley General Hospital

Address:

1025 North Douty Street

City:

Hanford

Hospital Owner/Licensee:

Adventist Healthcare

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Evan Reis

Submission Date:

1/25/2011 3:00:00 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the bulding 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
02	1950 Building	1025 North Douty Street	Remove	N/A	01/01/2013	01/01/2013

Report Year:

2010

10242

Central Valley General Hospital

Hanford

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

Building Number: 02

Building Name: 1950 Building

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="12"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="12"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="24"/>	<input checked="" type="checkbox"/> Support Services
						<input checked="" 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:

02

Building Name:

1950 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 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
01	Main Building	<input checked="" type="checkbox"/>
02	1950 Building	<input checked="" type="checkbox"/>

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="13"/>
<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 checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="12"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>
	Total Beds this Building	<input type="text" value="25"/>

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

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:   
 Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="13"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="12"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>
	Total Beds this Building	<input type="text" value="25"/>

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

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:   
 Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="13"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="12"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>
	Total Beds this Building	<input type="text" value="25"/>

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

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="12"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	<input checked="" 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 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="12"/>	<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 checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" 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="24"/>			

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:   
 Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="12"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="12"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>
	Total Beds this Building	<input type="text" value="24"/>

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

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Number:  Building Name:  Year of Information:   
 Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing Inpatient Beds	<input type="text" value="12"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adolescent Inpatient Beds	<input type="text" value="0"/>	<input checked="" 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 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="12"/>	<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 checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" 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="24"/>			

Report whether the general acute care services and beds will be relocated to a new or retrofitrd building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Nursing

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Obstetrical Ante  
Postprtum

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Radiological/Imaging

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Pharmaceutical

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Emergency

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Renal Dialysis

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Medical/Surgical  
(Include GYN)

Relocated to new building

Building  
Number:

01

Building Name:

Main Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intensive Care  
Newborn Nursery

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Nursing

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Obstetrical Ante  
Postprtum

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Surgical

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Anesthesia

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

ClinicalLab

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Dietetic

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Administration

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Obstetrical  
Cesarean/Deliv

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Obstetrical Recovery

Relocated to new building

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Newborn/Well Baby

N/A

Building  
Number:

02

Building Name:

1950 Building

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Medical/Surgical  
(Include GYN)

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:

02

Building Name:

1950 Building

### Type of Service Provided

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

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

Building Number:

01

Building Name:

Main Building

Configuration

:

Remove from GAC service by 1/1/2013

**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:

02

Building Name:

1950 Building

Configuration

:

Remove from GAC service by 1/1/2013

**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

Obstetrical  
Ante/Postprtum

Dietetic

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Administration

Skilled Nursing

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

Building Number: 01

Building Name: Main Building

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="13"/>	<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 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 type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="12"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" 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 checked="" 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="25"/>			

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:

01

Building Name:

Main Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

13

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

2

Inpatient  
Days

0

**Intermediate Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

15

**Total Beds this  
Building Per  
Service**

0