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

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Facility Number:

11846

Facility Name:

Long Beach Memorial Medical Center

Address:

2801 Atlantic Ave.

City:

Long Beach

Hospital Owner/Licensee:

Wendy Dorchester

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Mark Shuck

Submission Date:

1/29/2012 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 |
|-----------|-----------------------------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| 01        | 1A -1K Main Tower & Additions     | 2801 Atlantic Ave.         | Retrofit            | SPC2                         | 01/01/2013     | 01/01/2013                  |
| 01A       | 2A-2C- Central Plant & Additions  | 2801 Atlantic Ave.         | Retrofit            | SPC2                         | 01/01/2013     | 11/30/2011                  |
| 04        | 03 - Memorial West - Nursing Unit | 2801 Atlantic Ave.         | Retrofit            | SPC2                         | 01/01/2013     | 11/30/2011                  |
| 05        | 4A 4B- Memorial West - Rehab Unit | 2801 Atlantic Ave.         | Retrofit            | SPC2                         | 01/01/2013     | 06/01/2012                  |

For each building which is planned for retrofitting 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:    | 01             | 1A -1K Main Tower & Additions | Retrofit/Replacement Project: | Yes-Planned |                    |                  |                      |        |             |
|-----------------|----------------|-------------------------------|-------------------------------|-------------|--------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num                       | Scope                         | Date in     | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11846           | HL090658       | 0                             |                               | 04/01/2009  | 07/29/2010         |                  |                      | OPEN   | No          |

| Building No:    | 01A            | 2A-2C- Central Plant & Additions | Retrofit/Replacement Project: | Hazus-Submitted |                    |                  |                      |        |             |
|-----------------|----------------|----------------------------------|-------------------------------|-----------------|--------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num                          | Scope                         | Date in         | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11846           | SL090302       | 0                                |                               | 02/11/2009      | 03/10/2009         | 03/24/2009       |                      | CLWC   | No          |

| Building No:    | 04             | 03 - Memorial West - Nursing Unit | Retrofit/Replacement Project: | Hazus-Submitted |                    |                  |                      |        |             |
|-----------------|----------------|-----------------------------------|-------------------------------|-----------------|--------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num                           | Scope                         | Date in         | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11846           | SL090660       | 0                                 |                               | 04/01/2009      | 04/01/2009         |                  |                      | CLSD   | No          |

| Building No:    | 05             | 4A 4B- Memorial West - Rehab Unit | Retrofit/Replacement Project: | Hazus-Submitted |                    |                  |                      |        |             |
|-----------------|----------------|-----------------------------------|-------------------------------|-----------------|--------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num                           | Scope                         | Date in         | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11846           | HL090658       | 0                                 |                               | 04/01/2009      | 07/29/2010         |                  |                      | OPEN   | No          |
| 11846           | SL090302       | 0                                 |                               | 02/11/2009      | 03/10/2009         |                  |                      | CLWC   | No          |
| 11846           | SL090660       | 0                                 |                               | 04/01/2009      | 04/01/2009         |                  |                      | CLSD   | No          |

Report Year:

2011

11846

Long Beach Memorial Medical Center

Long Beach

Page:4 of 40

Report Status: **Data Last Update:** 10/31/2011

**Submission Date:** 01/29/2012

**Print Date:** 1/30/2012 12:45 PM

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

Building Number: 01

Building Name: 1A -1K Main Tower &amp; Additions

**Type of Service Provided**

|   |                |                                  |                                  |                                     |  |  |
|---|----------------|----------------------------------|----------------------------------|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> Nursing                     | Inpatient Beds | <input type="text" value="341"/> | Inpatient Days                   | <input type="text" value="130167"/> | <input checked="" type="checkbox"/> Surgical                   | <input checked="" type="checkbox"/> Obstetrical Recovery |
| <input checked="" type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="73"/>  | Inpatient Days                   | <input type="text" value="30171"/>  | <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 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 checked="" type="checkbox"/> Radiological/Imaging       | <input checked="" type="checkbox"/> Nuclear Medicine     |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="59"/>  | Inpatient Days                   | <input type="text" value="29063"/>  | <input checked="" 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              |
|   |                |                                  |                                  |                                     | <input checked="" type="checkbox"/> Support Services           |  |
|   |                |                                  |                                  |                                     | <input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv | <input checked="" type="checkbox"/> Central Plant        |
|   |                | Total Beds this Building         | <input type="text" value="473"/> |                                     |  |  |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **01A**Building Name: **2A-2C- Central Plant & Additions****Type of Service Provided**

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

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: Building Name: **Type of Service Provided**

|                                     |                             |                          |                                  |                |                                    |                                     |                            |                                     |                        |
|-------------------------------------|-----------------------------|--------------------------|----------------------------------|----------------|------------------------------------|-------------------------------------|----------------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Nursing                     | Inpatient Beds           | <input type="text" value="42"/>  | Inpatient Days | <input type="text" value="3657"/>  | <input type="checkbox"/>            | Surgical                   | <input type="checkbox"/>            | Obstetrical Recovery   |
| <input type="checkbox"/>            | IntensiveCare               | Inpatient Beds           | <input type="text" value="0"/>   | Inpatient Days | <input type="text" value="0"/>     | <input type="checkbox"/>            | Anesthesia                 | <input type="checkbox"/>            | Newborn/WellBaby       |
| <input checked="" type="checkbox"/> | Pediatric/Adolescent        | Inpatient Beds           | <input type="text" value="54"/>  | Inpatient Days | <input type="text" value="23980"/> | <input type="checkbox"/>            | Clinical Lab               | <input type="checkbox"/>            | Emergency              |
| <input type="checkbox"/>            | Psychiatric Nursing         | Inpatient Beds           | <input type="text" value="0"/>   | Inpatient Days | <input type="text" value="0"/>     | <input type="checkbox"/>            | Radiological/Imaging       | <input type="checkbox"/>            | Nuclear Medicine       |
| <input type="checkbox"/>            | Obstetrical Ante/Postpartum | Inpatient Beds           | <input type="text" value="0"/>   | Inpatient Days | <input type="text" value="0"/>     | <input type="checkbox"/>            | Pharmaceutical             | <input checked="" type="checkbox"/> | Rehabilitation Therapy |
| <input type="checkbox"/>            | Intermediate Care           | Inpatient Beds           | <input type="text" value="0"/>   | Inpatient Days | <input type="text" value="0"/>     | <input checked="" type="checkbox"/> | Administration             | <input type="checkbox"/>            | Renal Dialysis         |
| <input checked="" type="checkbox"/> | Skilled Nursing             | Inpatient Beds           | <input type="text" value="42"/>  | Inpatient Days | <input type="text" value="12215"/> | <input checked="" type="checkbox"/> | Support Services           | <input type="checkbox"/>            | Outpatient Surgery     |
|                                     |                             |                          |                                  |                |                                    | <input type="checkbox"/>            | Obstetrical Cesarean/Deliv | <input type="checkbox"/>            | Central Plant          |
|                                     |                             | Total Beds this Building | <input type="text" value="138"/> |                |                                    |                                     |                            |                                     |                        |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: Building Name: **Type of Service Provided**

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

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

Building Number:

01

Building Name:

1A -1K Main Tower &amp; 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**

473

**Total Beds this Building Per Service**

461

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

Building Number: 01A

Building Name: 2A-2C- Central Plant &amp; 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**

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

Building Number: 04

Building Name: 03 - Memorial West - Nursing Unit

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 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 42 Inpatient Days 12215

**Pediatric**

Inpatient Bed 54 Inpatient Days 23980

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 42 Inpatient Days 3657

**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**

138

**Total Beds this Building Per Service**

138

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

Building Number: 05

Building Name: 4A 4B- Memorial West - Rehab Unit

**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              | 1A -1K Main Tower & Additions     | <input type="checkbox"/> |
| 01A             | 2A-2C- Central Plant & Additions  | <input type="checkbox"/> |
| 04              | 03 - Memorial West - Nursing Unit | <input type="checkbox"/> |
| 05              | 4A 4B- Memorial West - Rehab Unit | <input type="checkbox"/> |
| 07              | 5 - X-Ray Addition                | <input type="checkbox"/> |
| 08              | 6A-6C - Surgery & Addition        | <input type="checkbox"/> |
| 11              | 7A-7B - Outpatient Surgery        | <input type="checkbox"/> |
| 12              | 8 - Cancer Prevention Center      | <input type="checkbox"/> |
| 13              | 10 - Emergency Power Area         | <input type="checkbox"/> |
| 14              | 9 - ER Addition & Remodel         | <input type="checkbox"/> |

Report Year:

2011

11846

Long Beach Memorial Medical Center

Long Beach

Page:14 of 40



Report Status: **Data Last Update:** 10/31/2011

**Submission Date:** 01/29/2012

**Print Date:** 1/30/2012 12:45 PM

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:

01

Building Name:

1A -1K Main Tower &amp; Additions

### Type of Service Provided

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

01A

Building Name:

2A-2C- Central Plant &amp; 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 checked="" type="checkbox"/> Central Plant       |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" 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:

04

Building Name:

03 - Memorial West - Nursing Unit

### Type of Service Provided

|  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing                  | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care                | <input type="checkbox"/> Dietetic                  |  |   |
| <input checked="" type="checkbox"/> Skilled Nursing          | <input checked="" type="checkbox"/> Administration |  |   |

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

Building Number:

05

Building Name:

4A 4B- Memorial West - Rehab Unit

### Type of Service Provided

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" 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 checked="" 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:

01

Building Name:

1A -1K Main Tower &amp; Additions

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**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

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:

01A

Building Name:

2A-2C- Central Plant &amp; Additions

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**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

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:

04

Building Name:

03 - Memorial West - Nursing Unit

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

Nuclear Medicine

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:

05

Building Name:

4A 4B- Memorial West - Rehab Unit

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

Nuclear Medicine

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:

07

Building Name:

5 - X-Ray Addition

Configuration

N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Radiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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

Building Number:

08

Building Name:

6A-6C - Surgery &amp; Addition

Configuration

N/A

**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

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:

11

Building Name:

7A-7B - Outpatient Surgery

Configuration

N/A

**Type of Service Provided**

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

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

Building Number:

12

Building Name:

8 - Cancer Prevention Center

Configuration  
:

N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Radiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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

Building Number:

13

Building Name:

10 - Emergency Power Area

Configuration

N/A

**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

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:

14

Building Name:

9 - ER Addition &amp; Remodel

Configuration

N/A

**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: 07

Building Name: 5 - X-Ray Addition

**Type of Service Provided**

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

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

Building Number: 08

Building Name: 6A-6C - Surgery &amp; Addition

**Type of Service Provided**

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

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

Building Number: 11

Building Name: 7A-7B - Outpatient Surgery

**Type of Service Provided**

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

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

Building Number:

12

Building Name:

8 - Cancer Prevention Center

**Type of Service Provided**

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

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

Building Number: 13

Building Name: 10 - Emergency Power Area

**Type of Service Provided**

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

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

Building Number: 14

Building Name: 9 - ER Addition &amp; Remodel

**Type of Service Provided**

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

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

Building Number:

07

Building Name:

5 - X-Ray Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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**

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:

08

Building Name:

6A-6C - Surgery &amp; Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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**

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:

11

Building Name:

7A-7B - Outpatient Surgery

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

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:

12

Building Name:

8 - Cancer Prevention Center

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

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:

13

Building Name:

10 - Emergency Power Area

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

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:

14

Building Name:

9 - ER Addition &amp; Remodel

**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**