

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

Facility Number:

12404

Facility Name:

California Pacific Medical Center-California West

Address:

3700 California Street

City:

San Francisco

Hospital Owner/Licensee:

Sutter West Bay Hospitals

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

1/8/2013 2:31:48 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-01108	East Wing	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-01109	Building B	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-01111	Building A	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-01114	North Wing	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-01116	Boiler Room	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-02976	Outpatient Research Building	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-05350	Radiation Therapy Building	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-05385	Powerhouse	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018
BLD-05386	Electrical Room	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2018

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-01108	East Wing	Retrofit/Replacement Project:	Yes-Submitted				
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:		BLD-01109	Building B	Retrofit/Replacement Project:	Yes-Submitted				
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:		BLD-01111	Building A	Retrofit/Replacement Project:	Yes-Submitted				
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

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Building No:

BLD-01114

North Wing

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:

BLD-01116

Boiler Room

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:

BLD-02976

Outpatient Research Building

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:

BLD-05350

Radiation Therapy Building

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		05/01/2012	07/01/2018	ACTI	Yes

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Building No:

BLD-05385

Powerhouse

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes

Building No:

BLD-05386

Electrical Room

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		11/01/2012	07/01/2018	ACTI	Yes



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

Building Number: **BLD-01109**

Building Name: **Building B**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adolescent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postpartum 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

Rehabilitation Therapy

Dietetic

Renal Dialysis

Administration

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-01111**Building Name: **Building A****Type of Service Provided**

<input type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="42"/>	Inpatient Days	<input type="text" value="692"/>	<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 type="checkbox"/>	Newborn/WellBaby
<input checked="" type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="29"/>	Inpatient Days	<input type="text" value="2406"/>	<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 checked="" type="checkbox"/>	Radiological/Imaging	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Outpatient Surgery
			Total Beds this Building	<input type="text" value="71"/>					
						<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv	<input 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: **BLD-01114**

Building Name: **North Wing**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adolescent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postpartum 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

Rehabilitation Therapy

Dietetic

Renal Dialysis

Administration

Outpatient Surgery

Support Services

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-01116**

Building Name: **Boiler Room**

**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/Adolescent	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/Postpartum	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

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Support Services
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- 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-02976**

Building Name:

**Outpatient Research Building****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 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: **BLD-05385**

Building Name: **Powerhouse**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adolescent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postpartum 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  Rehabilitation Therapy

Dietetic  Renal Dialysis

Administration  Outpatient Surgery

Support Services  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-05386**

Building Name: **Electrical Room**

**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/Adolescent	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/Postpartum	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 checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

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

Building Number:

BLD-01108

Building Name:

East Wing

**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-01109

Building Name:

Building B

**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-01111

Building Name:

Building A

**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-01114

Building Name: North Wing

**Medical / Surgical (Include GYN)**

Inpatient Bed 40 Inpatient Days 659

**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 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 8 Inpatient Days 1318

**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**

48

**Total Beds this Building Per Service**

48

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

Building Number: BLD-01116

Building Name: Boiler Room

**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-02976

Building Name: Outpatient Research 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**

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

Building Number: BLD-05350

Building Name: Radiation Therapy 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**

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

Building Number: BLD-05385

Building Name: Powerhouse

**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-05386

Building Name: Electrical Room

**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-01108	East Wing	Rebuild
BLD-01109	Building B	Rebuild
BLD-01110	Building H	Rebuild
BLD-01111	Building A	Rebuild
BLD-01112	Building A - Emergency Generator Building	Rebuild
BLD-01113	NBICU	Rebuild
BLD-01114	North Wing	Rebuild
BLD-01116	Boiler Room	Rebuild
BLD-02976	Outpatient Research Building	Rebuild
BLD-05350	Radiation Therapy Building	Rebuild
BLD-05383	Freight Elevator Building	Rebuild
BLD-05384	Mechanical Room	Rebuild
BLD-05385	Powerhouse	Rebuild
BLD-05386	Electrical Room	Rebuild
BLD-05387	NBICU Addition	Rebuild

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

Building Number	Building Name	New Site
N_1	New Hospital	<input checked="" type="checkbox"/>



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

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

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

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

Building Number:

BLD-01108

East Wing

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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

- |   |   |  |  |
|---|---|--|--|
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Dietetic      |  |  |
| <input type="checkbox"/> Skilled Nursing                          | <input 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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-01109

Building B

Removal  
Date:

07/01/2018

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

Planned use for building: Sold

Inpatient services currently delivered in the building:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" 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 checked="" 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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-01111

Building A

Removal  
Date:

07/01/2018

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

Planned use for building: Sold

Inpatient services currently delivered in the building:

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-01114

North Wing

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

Inpatient services currently delivered in the building:

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

Intermediate  
Care

Dietetic

Nuclear  
MedicineSupport  
Services

Skilled Nursing

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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-01116

Boiler Room

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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 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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-02976

Outpatient Research Building

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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 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           |  |   |

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

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

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

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

Building Number:

BLD-05350

Radiation Therapy Building

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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 checked="" 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           |  |  |

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

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

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

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

Building Number:

BLD-05385

Powerhouse

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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 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\(c\)\(20\)\(C\)](#)

Building Number:

BLD-05386

Electrical Room

Removal  
Date:

07/01/2018

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

Planned use for building:

Sold

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 type="checkbox"/> Administration           |  |  |

Error: Subreport could not be shown.



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-01108

Building Name:

East Wing

## 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 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-01109

Building Name:

Building B

### Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear  
MedicineRehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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

Building Number:

BLD-01111

Building Name:

Building A

Type of Service Provided

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Nursing                          | <input checked="" type="checkbox"/> Surgical              | <input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare                    | <input checked="" type="checkbox"/> Anesthesia            | <input checked="" type="checkbox"/> Obstetrical Recovery       | <input checked="" type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab          | <input type="checkbox"/> Newborn/ WellBaby                     | <input checked="" type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Psychiatric Nursing              | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency                             | <input type="checkbox"/> Central Plant                     |
| <input type="checkbox"/> Obstetrical Ante/Postprtum       | <input type="checkbox"/> Pharmaceutical                   | <input checked="" type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services       |
| <input type="checkbox"/> Intermediate 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-01114

Building Name:

North Wing

### Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear  
MedicineRehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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

Building Number:

BLD-01116

Building Name:

Boiler Room

## Type of Service Provided

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

Report 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-02976

Building Name:

Outpatient Research Building

### 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 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-05350

Building Name:

Radiation Therapy Building

### 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 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-05385

Building Name:

Powerhouse

## Type of Service Provided

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

Report 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-05386

Building Name:

Electrical Room

### 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-01108

Building Name: East Wing

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

**Type of Service Provided**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Dietetic      | <input type="checkbox"/> Administration                |  |
| <input type="checkbox"/> 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: BLD-01109

Building Name: Building B

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

**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-01110

Building Name: Building H

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

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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

Building Number: BLD-01111

Building Name: Building A

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

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> 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: BLD-01112

Building Name: Building A - Emergency Generator Building

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

**Type of Service Provided**

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

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

Building Number: BLD-01113

Building Name: NBICU

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

**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 checked="" 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"/> Administration                |  |
| <input type="checkbox"/> 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: BLD-01114

Building Name: North Wing

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

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> 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: BLD-01116

Building Name: Boiler Room

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

**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 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-02976

Building Name: Outpatient Research Building

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

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input 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-05350 Building Name: Radiation Therapy Building

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

#### 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 checked="" 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-05383

Building Name: Freight Elevator Building

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

**Type of Service Provided**

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

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

Building Number: BLD-05384

Building Name: Mechanical Room

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

**Type of Service Provided**

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

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

Building Number: BLD-05385

Building Name: Powerhouse

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

**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 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-05386

Building Name: Electrical Room

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

**Type of Service Provided**

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

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

Building Number: BLD-05387

Building Name: NBICU Addition

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

**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 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           |  |   |

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-01110**Building Name: **Building H****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="29"/>	<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/Adolescent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="51"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="80"/>			

**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-01112**

Building Name: **Building A - Emergency Generator Building**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

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-01113**

Building Name: **NBICU**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

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-05383**

Building Name: **Freight Elevator Building**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

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-05384**

Building Name: **Mechanical Room**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

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-05387**Building Name: **NBICU Addition****Type of Service Provided**

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

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

Building Number:

BLD-01110

Building Name:

Building H

**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:

BLD-01112

Building Name:

Building A - Emergency Generator Building

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

BLD-01113

Building Name:

NBICU

**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**

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-05383

Building Name:

Freight Elevator 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 / 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:

BLD-05384

Building Name:

Mechanical Room

**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**

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-05387

Building Name:

NBICU 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**

Report Year:

2012

12404

California Pacific Medical Center-California  
West

San Francisco

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