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

Facility Number:

10831

Facility Name:

Goleta Valley Cottage Hospital

Address:

351 South Patterson Avenue

City:

Santa Barbara

Hospital Owner/Licensee:

Cottage Health System; Sole Corporate Member

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Brooks Larson

Submission Date:

10/23/2013 2:52:13 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-00867	Hospital and Addition	351 South Patterson Avenue	Rebuild	SPC5	01/01/2015	07/01/2014
BLD-00868	Maintenance Shop	351 South Patterson Avenue	Rebuild	SPC5	01/01/2015	07/01/2014

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:			Retrofit/Replacement Project:							
BLD-00867			Hospital and Addition				Yes-Submitted			
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	5/29/2007 12:00:00 AM	11/2/2010 12:00:00 AM	11/23/2010	07/01/2014	FIEL	No	
10831	HS071995-0	0	SOIL STABILIZATION	10/30/2007 12:00:00 AM	10/15/2009 12:00:00 AM	10/28/2009	12/09/2013	PEND	No	
10831	SS072211-0	0	SITE UTILITY RELOCATIONS & ALTERNATE EXITING	11/30/2007 12:00:00 AM	1/13/2009 12:00:00 AM	01/13/2009	11/01/2010	CLOS	No	
10831	SS082197-0	0	ROCK COLUMN PRESSURE GROUT TESTING	12/10/2008 12:00:00 AM	12/10/2008 12:00:00 AM	12/10/2008	12/23/2009	CLOS	No	

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Building No:

BLD-00868

Maintenance Shop

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
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	5/29/2007 12:00:00 AM	11/2/2010 12:00:00 AM	11/23/2010	07/01/2014	FIEL	No
10831	HS071995-0	0	SOIL STABILIZATION	10/30/2007 12:00:00 AM	10/15/2009 12:00:00 AM	10/28/2009	10/14/2013	PEND	No
10831	SS072211-0	0	SITE UTILITY RELOCATIONS & ALTERNATE EXITING	11/30/2007 12:00:00 AM	1/13/2009 12:00:00 AM	01/13/2009	11/01/2010	CLOS	No
10831	SS082197-0	0	ROCK COLUMN PRESSURE GROUT TESTING	12/10/2008 12:00:00 AM	12/10/2008 12:00:00 AM	12/10/2008	12/23/2009	CLOS	No

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

Building Number: **BLD-00867**Building Name: **Hospital and Addition****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="46"/>	Inpatient Days	<input type="text" value="3118"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="11"/>	Inpatient Days	<input type="text" value="861"/>	<input checked="" 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 checked="" type="checkbox"/> Clinical Lab	<input checked="" 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="10"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" 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"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="55"/>	Inpatient Days	<input type="text" value="10664"/>	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
				<input type="checkbox"/> Support Services	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant
				<input type="checkbox"/> Obstetrical Cesarean/Deliv		
		Total Beds this Building	<input type="text" value="122"/>			

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

Building Number: **BLD-00868**

Building Name: **Maintenance Shop**

Type of Service Provided

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

Total Beds this Building

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



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

Building Number: BLD-00867

Building Name: Hospital and Addition

Medical / Surgical (Include GYN)

Inpatient Bed 46 Inpatient Days 3118

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 10 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 55 Inpatient Days 10664

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 11 Inpatient Days 861

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

122

Total Beds this Building Per Service

122

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

Building Number: BLD-00868

Building Name: Maintenance Shop

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**

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-00867	Hospital and Addition	Rebuild
BLD-00868	Maintenance Shop	Rebuild
BLD-00869	Emergency Power System Building	Rebuild
BLD-05290	Medical Gas Facility	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	52 Bed Replacement Hospital	<input type="checkbox"/>

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building Number:	BLD-00867	Building Name:	Hospital and Addition					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Nursing	Relocated to new building							
<u>New Building</u>			<u>RetroFitted Building</u>			<u>Other SPC2-SPC5 Building</u>		
N_1-52 Bed Replacement Hospital								
Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—	10831	HS070843-0	0 52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building Number:	BLD-00867	Building Name:	Hospital and Addition					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Intensive Care	Relocated to new building							
<u>New Building</u>			<u>RetroFitted Building</u>			<u>Other SPC2-SPC5 Building</u>		
N_1-52 Bed Replacement Hospital								
Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—	10831	HS070843-0	0 52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Obstetrical Ante Postprtum

Removed from hospital services

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Skilled Nursing

Removed from hospital services

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Surgical

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Anesthesia

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

ClinicalLab

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building
Number:

BLD-00867

Building Name:

Hospital and Addition

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

Radiological/Imaging

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building
Number:

BLD-00867

Building Name:

Hospital and Addition

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

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Dietetic

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Administration

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Emergency

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building
Number:

BLD-00867

Building Name:

Hospital and Addition

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

Nuclear Medicine

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building
Number:

BLD-00867

Building Name:

Hospital and Addition

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

Rehabilitation
Therapy

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

OutpatientSurgery

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

CentralPlant

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—								
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

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Building Number:

BLD-00867

Building Name: Hospital and Addition

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

Medical/Surgical (Include GYN)

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
—							
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014 FIEL

Building Number:

BLD-00867

Building Name: Hospital and Addition

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

Perinatal (exclude Newborn / GYN))

Removed from hospital services

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Building
Number:

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Building Name:

Hospital and Addition

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

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-52 Bed Replacement Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	07/01/2014	FIEL

Building
Number:

BLD-00867

Building Name:

Hospital and Addition

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

Skilled Nursing

Removed from hospital services

Building
Number:

BLD-00868

Building Name:

Maintenance Shop

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

Support Services

N/A

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Building
Number:

BLD-00868

Building Name:

Maintenance Shop

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

CentralPlant

N/A

Building
Number:

BLD-00869

Building Name:

Emergency Power System Building

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

Support Services

N/A

Building
Number:

BLD-00869

Building Name:

Emergency Power System Building

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

CentralPlant

N/A

Building
Number:

BLD-05290

Building Name:

Medical Gas Facility

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

Support Services

N/A

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Building
Number:

BLD-05290

Building Name:

Medical Gas Facility

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

CentralPlant

N/A

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

Building Number:

BLD-00867

Building Name:

Hospital and Addition

Type of Service Provided

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

Report 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-00868

Building Name:

Maintenance Shop

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 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: Building Name:

Configuration:

Type of Service Provided

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

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

Building Number:

BLD-00868

Building Name:

Maintenance Shop

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 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: Building Name:

Configuration:

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 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-05290

Building Name:

Medical Gas Facility

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 checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
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-00869**Building Name: **Emergency Power System Building****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input 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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-05290**Building Name: **Medical Gas Facility****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input 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-00869

Building Name:

Emergency Power System Building

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

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

Building Number:

BLD-05290

Building Name:

Medical Gas Facility

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