



Senate Bill 499 (SB 499) Hospital Report

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

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

| | |
|------------------|---|
| Facility Number: | <input type="text" value="10628"/> |
| Facility Name: | <input type="text" value="Sutter Memorial Hospital"/> |
| Address: | <input type="text" value="5151 F Street"/> |
| City: | <input type="text" value="Sacramento"/> |

| | |
|----------------------------|---|
| Hospital Owner/Licensee: | <input type="text" value="Sutter Health Sacramento Sierra Region"/> |
| Year of Reporting: | <input type="text" value="2014"/> |
| Contact 1 e-mail Address: | <input type="text"/> |
| Contact 2 e-mail Address: | <input type="text"/> |
| Contact 3 e-mail Address:: | <input type="text"/> |
| Name of Submitter: | <input type="text" value="Carl Scheuerman"/> |
| Submission Date: | <input type="text" value="10/21/2014 10:53:12 AM"/> |

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-01448 | Central Wing | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-01449 | East Wing | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-01450 | Diagnostic Laboratory Building | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-01451 | Surgery Building | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-02970 | Dietary | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-02971 | Maternity | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-02972 | Radiation / Oncology | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |
| BLD-02975 | Carpenter/Paint Shop | 5151 F Street | Replace | SPC5 | 09/01/2015 | 09/01/2015 |

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:

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status | CEQA Review |
|-----------------|----------------|---------|-------------------------|------------------------------|-----------------------------|------------|-------------------|--------|-------------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 10/28/2005 12:00:00 AM | 1/10/2008 12:00:00 AM | 02/14/2008 | 09/01/2015 | FIEL | No |

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

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| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status | CEQA Review |
|-----------------|----------------|---------|-------------------------|------------------------------|-----------------------------|------------|-------------------|--------|-------------|
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| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status | CEQA Review |
|-----------------|----------------|---------|-------------------------|------------------------------|-----------------------------|------------|-------------------|--------|-------------|
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| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 10/28/2005 12:00:00 AM | 1/10/2008 12:00:00 AM | 02/14/2008 | 09/01/2015 | FIEL | No |

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| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 10/28/2005 12:00:00 AM | 1/10/2008 12:00:00 AM | 02/14/2008 | 09/01/2015 | FIEL | 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-01448

Building Name: Central Wing

Type of Service Provided

Nursing Inpatient Beds 74 Inpatient Days 13202

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adol
escent Inpatient Beds 28 Inpatient Days 5196

Psychiatric Inpatient
Nursing Beds 0 Inpatient Days 0

Obstetrical Inpatient
Ante/Postprtum Beds 22 Inpatient Days 4656

Intermediate Inpatient
Care Beds 0 Inpatient Days 0

Skilled Nursing Inpatient
Beds 0 Inpatient Days 0

Total Beds this Building 124

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-01449

Building Name: East Wing

Type of Service Provided

| | | | | |
|--|----------------|---------------------------------|----------------|-----------------------------------|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="52"/> | Inpatient Days | <input type="text" value="9277"/> |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="21"/> | Inpatient Days | <input type="text" value="3897"/> |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="22"/> | Inpatient Days | <input type="text" value="4656"/> |
| <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-01450

Building Name: Diagnostic Laboratory Building

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical

Dietetic Rehabilitation Therapy

Administration Renal Dialysis

Support Services Outpatient Surgery

Obstetrical Cesarean/Deliv Central Plant

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

Building Number: BLD-01451

Building Name: Surgery 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"/> 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 checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input checked="" 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 service per building per Section 130061(c)(1)(F)

Building Number: BLD-02970

Building Name: Dietary

Type of Service Provided

| | | | | |
|---|----------------|---------------------------------|----------------|------------------------------------|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="55"/> | Inpatient Days | <input type="text" value="19603"/> |
| <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 checked="" 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 service per building per Section 130061(c)(1)(F)

Building Number: BLD-02971

Building Name: Maternity

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical

Dietetic Rehabilitation Therapy

Administration Renal Dialysis

Support Services Outpatient Surgery

Obstetrical Cesarean/Deliv Central Plant

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

Building Number: BLD-02972

Building Name: Radiation / Oncology

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical Rehabilitation Therapy

Dietetic Renal Dialysis

Administration Outpatient Surgery

Support Services Central Plant

Obstetrical Cesarean/Deliv

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

Building Number: BLD-02975

Building Name: Carpenter/Paint Shop

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical Rehabilitation Therapy

Administration Renal Dialysis

Support Services Outpatient Surgery

Obstetrical Cesarean/Deliv Central Plant

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

Building Number: BLD-01448

Building Name: Central Wing

Medical / Surgical (Include GYN)Inpatient Bed 74 Inpatient Days 1320
2**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 22 Inpatient Days 4656

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 28 Inpatient Days 5196

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 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

124

Total Beds this Building Per Service

124

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

Building Number: BLD-01449

Building Name: East Wing

Medical / Surgical (Include GYN)

Inpatient Bed 52 Inpatient Days 9277

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 22 Inpatient Days 4656

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 21 Inpatient Days 3897

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 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

95

Total Beds this Building Per Service

95

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

Building Number: BLD-01450

Building Name: Diagnostic Laboratory 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-01451

Building Name: Surgery 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-02970

Building Name: Dietary

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-02971

Building Name: Maternity

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-02972

Building Name: Radiation / Oncology

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-02975

Building Name: Carpenter/Paint 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 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-01448 | Central Wing | Replace |
| BLD-01449 | East Wing | Replace |
| BLD-01450 | Diagnostic Laboratory Building | Replace |
| BLD-01451 | Surgery Building | Replace |
| BLD-01452 | North Wing | Replace |
| BLD-01453 | ER Radiology | Replace |
| BLD-02970 | Dietary | Replace |
| BLD-02971 | Maternity | Replace |
| BLD-02972 | Radiation / Oncology | Replace |
| BLD-02973 | Central Plant | Replace |
| BLD-02974 | Corridor | Replace |
| BLD-02975 | Carpenter/Paint Shop | Replace |

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

| Building Number | Building Name | New Site |
|-----------------|---------------------------|----------|
| N_1 | Women's & Childrens Tower | X |
| N_2 | Sutter Capital Pavilion | X |

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-01448

Central Wing

Removal
Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

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

Nuclear
MedicineSupport
ServicesIntermediate
Care

Dietetic

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

Building Number: Removal Date:

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

Planned use for building: Jurisdiction:

Inpatient services currently delivered in the building:

- | | | | |
|---|--|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Pediatric/Adolescent | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Newborn/WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postpartum | <input checked="" 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 | | |

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-01450

Diagnostic Laboratory Building

Removal Date: 09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear
Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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

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

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

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-01451

Surgery Building

Removal
Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

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

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-02970

Dietary

Removal Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

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

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

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

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

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-02971

Maternity

Removal
Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

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

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

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

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

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-02972

Radiation / Oncology

Removal
Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

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

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

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

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

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: BLD-02975

Carpenter/Paint Shop

Removal
Date:

09/01/2015

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

Planned use for building: Demolished

Jurisdiction:

Inpatient services currently delivered in the building:

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

No data reported for Section 130061(c)(2)(D).

No data reported for Section 130061(c)(2)(D).

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-01448

Building Name: Central Wing

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

Nursing

Relocated to new & retrofitted Building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01448

Building Name: Central Wing

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

Pediatric Adolescent

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 08/01/2015 | 12/15/2014 | PEND |

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-01448

Building Name: Central Wing

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

Obstetrical Ante
Postprtum

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 08/01/2008 | 12/15/2014 | PEND |

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-01448

Building Name: Central Wing

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

Surgical

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01448

Building Name:

Central Wing

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

Anesthesia

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01448

Building Name:

Central Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01448

Building Name:

Central Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01448

Building Name:

Central Wing

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

OutpatientSurgery

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01448

Building Name:

Central Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01448

Building Name:

Central Wing

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

Perinatal (exclude Newborn / GYN))

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01448

Building Name:

Central Wing

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

Pediatric

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |

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-01449

Building Name: East Wing

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

Nursing

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name:

East Wing

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

Pediatric Adolescent

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name:

East Wing

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

Obstetrical Ante Postprtum

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name: East Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name: East Wing

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

Newborn/Well Baby

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name:

East Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name: East Wing

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

Perinatal (exclude
Newborn / GYN))

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01449

Building Name:

East Wing

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

Pediatric

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 09/01/2015 | PEND |

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-01450

Building Name:

Diagnostic Laboratory Building

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

ClinicalLab

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01450

Building Name:

Diagnostic Laboratory Building

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

Support Services

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01451

Building Name:

Surgery Building

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

Surgical

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01451 Building Name: Surgery Building

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

Anesthesia Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01451 Building Name: Surgery Building

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

Support Services N/A

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-02970

Building Name:

Dietary

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-02970

Building Name:

Dietary

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

Dietetic

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-02970

Building Name:

Dietary

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-02970

Building Name:

Dietary

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-02970

Building Name:

Dietary

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

Intensive Care
Newborn Nursery

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Pediatric Adolescent

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name: North Wing

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

Obstetrical Ante
Postprtum

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name: North Wing

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

Surgical

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01452

Building Name: North Wing

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

Anesthesia

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01452

Building Name: North Wing

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

Support Services

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Obstetrical
Cesarean/Deliv

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Obstetrical Recovery

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Newborn/Well Baby

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Perinatal (exclude
Newborn / GYN))

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | IS040037- 0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Pediatric

Relocated to new building

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

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01452

Building Name:

North Wing

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

Coronary Care)

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Women's & Childrens Tower

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|--|------------|--------------------|------------|-------------------|--------|
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/15/2008 | 12/15/2014 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |
| 10625 | IS040037-0 | 0 | 8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING | 2004-01-07 | | 02/14/2008 | 09/01/2015 | PEND |

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-01453

Building Name: ER Radiology

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

Radiological/Imaging

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|-------------------------|------------|--------------------------|------------|--------------------------|--------|
| 10625 | HS052541 -0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-01453

Building Name: ER Radiology

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

Emergency

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Complete d | Status |
|--------------------|-------------------|------------|---|------------|--------------------------|------------|--------------------------|--------|
| 10625 | S130739- 34-00 | 0 | Sutter General Hospital North ED & Imaging Remodel | 2013-04-04 | 2014-06-17 | 07/24/2014 | 09/01/2015 | PEND |

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-01453

Building Name: ER Radiology

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

Nuclear Medicine

Relocated to retrofitted building

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|-------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | HS052541-0 | 0 | RENOVATIONS - PACKAGE 3 | 2005-10-28 | 2008-01-10 | 02/14/2008 | 09/01/2015 | FIEL |

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-02973

Building Name: Central Plant

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

CentralPlant

Relocated to new , retrofitted, & other building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Women's & Childrens Tower

N_2-Sutter Capital Pavilion

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Start Date | Project Completed | Status |
|-----------------|----------------|---------|----------------------------------|------------|--------------------|------------|-------------------|--------|
| 10625 | IS051855-0 | 0 | NEW SMF MOB & ENERGY CENTER BLDG | 2005-08-02 | | 08/10/2005 | 03/22/2011 | CLOS |

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

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

Building Number: BLD-01448

Building Name: Central Wing

Type of Service Provided

| | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input 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-01449

Building Name: East Wing

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 type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" 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-01450

Building Name: Diagnostic Laboratory 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 checked="" 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 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-01451

Building Name: Surgery Building

Type of Service Provided

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input 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 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 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-02970

Building Name: Dietary

Type of Service Provided

| | | | |
|--|---|--|---|
| <input 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 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 checked="" 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-02971

Building Name: Maternity

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 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-02972 Building Name: Radiation / Oncology

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 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-02975

Building Name: Carpenter/Paint 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 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-01448

Building Name: Central Wing

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.

Type of Service Provided

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input 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-01449

Building Name: East Wing

Configuration: Replace with existing SPC3, SPC4 or 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/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-01450

Building Name: Diagnostic Laboratory Building

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-01451

Building Name: Surgery Building

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-01452

Building Name: North Wing

Configuration: Replace with existing SPC3, SPC4 or 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 type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input checked="" type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <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 actue care hospital building per Section 130061(c)(5)

Building Number: BLD-01453

Building Name: ER Radiology

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-02970

Building Name: Dietary

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-02971

Building Name: Maternity

Configuration: Replace with existing SPC3, SPC4 or 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 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-02972

Building Name: Radiation / Oncology

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-02973

Building Name: Central Plant

Configuration: Replace with existing SPC3, SPC4 or 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-02974

Building Name: Corridor

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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 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-02975

Building Name: Carpenter/Paint Shop

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 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

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-01452

Building Name: North Wing

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 40

Pediatric/Adol escent Inpatient Beds 12

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 22

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 74

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-01453

Building Name: ER Radiology

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-02973

Building Name: Central Plant

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-02974

Building Name: Corridor

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-01452 Building Name: North Wing

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (Exclude Newborn / GYN)

Inpatient Bed 22 Inpatient Days 4656

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 12 Inpatient Days 2227

Intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Care

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 24 Inpatient Days 5540

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / Developmentally Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 16 Inpatient Days 4059

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

74

Total Beds this Building Per Service

74

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-01453 Building Name: ER Radiology

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-02973 Building Name: Central Plant

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-02974

Building Name: Corridor

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**