



### 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:

10831

Facility Name:

Goleta Valley Cottage Hospital

Address:

351 South Patterson Avenue

City:

Santa Barbara

Hospital Owner/Licensee:

Cottage Health System; Sole Corporate Member

Year of Reporting:

2014

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Brooks Larson

Submission Date:

10/23/2014 6:19:20 PM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060 or 130061.5](#), for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-00867	Hospital and Addition	351 South Patterson Avenue	Rebuild	SPC5	09/01/2015	08/31/2015
BLD-00868	Maintenance Shop	351 South Patterson Avenue	Rebuild	SPC5	09/01/2015	08/31/2015

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:

BLD-00867

Hospital and Addition

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status	CEQA Review
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	5/29/2007 12:00:00 AM	11/2/2010 12:00:00 AM	11/23/2010	08/31/2015	FIEL	No
10831	HS071995-0	0	SOIL STABILIZATION	10/30/2007 12:00:00 AM	10/15/2009 12:00:00 AM	10/28/2009	12/09/2013	FIEL	No
10831	SS072211-0	0	SITE UTILITY RELOCATIONS & ALTERNATE EXITING	11/30/2007 12:00:00 AM	1/13/2009 12:00:00 AM	01/13/2009	11/01/2010	CLOS	No
10831	SS082197-0	0	ROCK COLUMN PRESSURE GROUT TESTING	12/10/2008 12:00:00 AM	12/10/2008 12:00:00 AM	12/10/2008	12/23/2009	CLOS	No

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

Building No:

BLD-00868

Maintenance Shop

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status	CEQA Review
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	5/29/2007 12:00:00 AM	11/2/2010 12:00:00 AM	11/23/2010	08/31/2015	FIEL	No
10831	HS071995-0	0	SOIL STABILIZATION	10/30/2007 12:00:00 AM	10/15/2009 12:00:00 AM	10/28/2009	10/14/2013	FIEL	No
10831	SS072211-0	0	SITE UTILITY RELOCATIONS & ALTERNATE EXITING	11/30/2007 12:00:00 AM	1/13/2009 12:00:00 AM	01/13/2009	11/01/2010	CLOS	No
10831	SS082197-0	0	ROCK COLUMN PRESSURE GROUT TESTING	12/10/2008 12:00:00 AM	12/10/2008 12:00:00 AM	12/10/2008	12/23/2009	CLOS	No

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

Building Number: BLD-00867

Building Name: Hospital and Addition

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="46"/>	Inpatient Days	<input type="text" value="3118"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="11"/>	Inpatient Days	<input type="text" value="861"/>
<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="10"/>	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="55"/>	Inpatient Days	<input type="text" value="10664"/>
			Total Beds this Building	<input type="text" value="122"/>

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input checked="" 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-00868

Building Name: Maintenance 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

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 unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00867

Building Name: Hospital and Addition

**Medical / Surgical (Include GYN)**

Inpatient Bed 46 Inpatient Days 3118

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 10 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 55 Inpatient Days 10664

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 11 Inpatient Days 861

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

122

**Total Beds this Building Per Service**

122

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

Building Number: BLD-00868

Building Name: Maintenance Shop

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate 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.

<b>Building Number</b>	<b>Building Name</b>	<b>Building to be Removed / Replaced / Rebuilt</b>
BLD-00867	Hospital and Addition	Rebuild
BLD-00868	Maintenance Shop	Rebuild
BLD-00869	Emergency Power System Building	Rebuild
BLD-05290	Medical Gas Facility	Rebuild

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

Building Number	Building Name	New Site
N_1	52 Bed Replacement Hospital	

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:

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

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-00868

Maintenance Shop

Removal  
Date:

08/31/2015

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-00869

Building Name:

Emergency Power System Building

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

Support Services

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00869

Building Name:

Emergency Power System Building

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

CentralPlant

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-05290

Building Name:

Medical Gas Facility

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

Support Services

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

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-05290

Building Name:

Medical Gas Facility

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

CentralPlant

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Nursing

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Intensive Care

Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Obstetrical Ante Postprtum

Removed from hospital services

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Skilled Nursing

Removed from hospital services

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

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Surgical

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

Anesthesia

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

ClinicalLab

Relocated to new building

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

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10831	HS070843 -0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Radiological/Imaging

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

Pharmaceutical

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

Dietetic

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

Administration

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Support Services

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Emergency

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

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

Building Number:

BLD-00867

Building Name:

Hospital and Addition

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

Nuclear Medicine

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

Rehabilitation Therapy

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

OutpatientSurgery

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name:

Hospital and Addition

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

CentralPlant

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Medical/Surgical (Include GYN)

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	FIEL
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Perinatal (exclude  
Newborn / GYN))

Removed from hospital services

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10831	HS070843 -0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2014	FIEL
10831	HS070843 -0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Intensive Care

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00867

Building Name: Hospital and Addition

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

Skilled Nursing

Removed from hospital services

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-00868

Building Name: Maintenance Shop

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

Support Services

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	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-00868

Building Name: Maintenance Shop

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

CentralPlant

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-52 Bed Replacement Hospital

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
10831	HS070843-0	0	52 BED REPLACEMENT HOSPITAL	2007-05-29	2010-11-02	11/23/2010	08/31/2015	FIEL

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-00867

Building Name: Hospital and Addition

**Type of Service Provided**

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

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

Building Number: BLD-00868

Building Name: Maintenance Shop

**Type of Service Provided**

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

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

Building Number: BLD-00867 Building Name: Hospital and Addition

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

**Type of Service Provided**

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

Report 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-00868

Building Name: Maintenance Shop

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new 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-00869

Building Name: Emergency Power System Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new 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-05290

Building Name: Medical Gas Facility

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

**Type of Service Provided**

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

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

Building Number: BLD-00869

Building Name: Emergency Power System Building

**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-05290

Building Name: Medical Gas Facility

**Type of Service Provided**

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

Total Beds this Building

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

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

Building Number: BLD-00869 Building Name: Emergency Power System Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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

Building Number: BLD-05290 Building Name: Medical Gas Facility

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**