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

Facility Number:	10750
Facility Name:	St. Joseph's Medical Center of Stockton
Address:	1800 North California Street
City:	Stockton

Hospital Owner/Licensee:	St. Joseph's Medical Center
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	robert omens
Submission Date:	1/25/2011 3:00:00 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Wing	1800 North California Street	Remove	N/A	01/01/2015	01/01/2013
04	West Wing	1800 North California Street	Retrofit	SPC2	01/01/2015	07/01/2013

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

Building No: 04 West Wing

Retrofit/Replacement Project: Yes-Planned

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10750	IS090033	0		12/25/2008		01/03/2012	07/01/2013	OPEN	No

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

Building Number: 01 Building Name: Main Wing

Type of Service Provided

☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☐	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
☐	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
☐	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
☐	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
☒	Skilled Nursing	Inpatient Beds	21	Inpatient Days	3967

Total Beds this Building: 21

☐	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 inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04 Building Name: West Wing

Type of Service Provided

X	Nursing	Inpatient Beds	87	Inpatient Days	13308		
X	IntensiveCare	Inpatient Beds	14	Inpatient Days	4889		
X	Pediatric/Adolescent	Inpatient Beds	13	Inpatient Days	1383		
	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		
	Intermediate Care	Inpatient Beds	0	Inpatient Days	0		
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		
				Total Beds this Building	**114**		

	Surgical		Obstetrical Recovery
	Anesthesia		Newborn/ WellBaby
	Clinical Lab		Emergency
	Radiological/ Imaging		Nuclear Medicine
X	Pharmaceutical		
	Dietetic		Rehabilitation Therapy
X	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: 01 **Building Name:** Main 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 (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 21 Inpatient Days: 3967

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: 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: 21

Total Beds this Building Per Service: 21

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

Building Number: 04 **Building Name:** West Wing

Medical / Surgical (Include GYN)

Inpatient Bed: 87 Inpatient Days: 13308

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 13 Inpatient Days: 1383

intensive Care Newborn Nursery

Inpatient Bed: 14 Inpatient Days: 4889

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: 114

Total Beds this Building Per Service: 114

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Wing	X
02	North Wing	
03	South Wing	
04	West Wing	
05	East Wing	
06	Administrative Wing	
07	Southeast Wing	
08	Cafeteria	
09	Heart Center	
10	Outpatient Surgery Building	
11	Cancer Center	
12	Hospital Main Entrance	
13	Utility Plant	
14	Emergency Generator Room	
15	Elevator Addition	
16	Kitchen Remodel 1	
17	Kitchen Remodel 2	
18	Material Management Building	

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Number: 01

Building Name: Main Wing

Year of Information: 2008

Information Current As Of:

Type of Services Provided

☐	Nursing	Inpatient Beds	0	☐	Surgical	☐	Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds	0	☐	Anesthesia			
☐	Pediatric/Adolescent	Inpatient Beds	0	☐	Clinical Lab	☐	Obstetrical Recovery	☒ Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds	0	☐	Radiological/ Imaging	☐	Newborn/ WellBaby	☐ Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	☐	Pharmaceutical	☐	Emergency	☐ Central Plant
☐	Intermediate Care	Inpatient Beds	0	☐	Dietetic	☐	Nuclear Medicine	☐ Support Services
☒	Skilled Nursing	Inpatient Beds	21	☐	Administration			
		Total Beds this Building	21					

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Number: 01

Building Name: Main Wing

Year of Information: 2009

Information Current As Of:

Type of Services Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☒ Skilled Nursing	Inpatient Beds	21	
	Total Beds this Building	21	

☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ Anesthesia		
☐ Clinical Lab	☐ Obstetrical Recovery	☒ Renal Dialysis
☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ Administration		

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Number: 01

Building Name: Main Wing

Year of Information: 2010

Information Current As Of:

Type of Services Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☒ Skilled Nursing	Inpatient Beds	21	
	Total Beds this Building	21	

☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ Anesthesia		
☐ Clinical Lab	☐ Obstetrical Recovery	☒ Renal Dialysis
☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ Administration		

Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: 01 Building Name: Main Wing

Will general acutr care services and beds will be relocated to a new or retrofittrd building?

Skilled Nursing	N/A

Building Number: 01 Building Name: Main Wing

Will general acutr care services and beds will be relocated to a new or retrofittrd building?

Renal Dialysis	N/A

Building Number: 01 Building Name: Main Wing

Will general acutr care services and beds will be relocated to a new or retrofittrd building?

Skilled Nursing	N/A

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

Building Number: 01 Building Name: Main Wing

Type of Service Provided

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

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

Building Number: 04 Building Name: West Wing

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [X] Pharmaceutical
- [ ] Dietetic
- [X] 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: 01 Building Name: Main Wing

Configuration: Remove from GAC service by 1/1/2015

Type of Service Provided

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

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

Building Number: 02 Building Name: North Wing

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] 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: 03 Building Name: South Wing

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] 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: 04 Building Name: West Wing

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [X] Pharmaceutical
- [ ] Dietetic
- [X] 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: 05 Building Name: East Wing

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [X] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] 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: 06 Building Name: Administrative Wing

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [x] 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: 07 Building Name: Southeast Wing

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] 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: 08 Building Name: Cafeteria

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] 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: 09 Building Name: Heart Center

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

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

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

Building Number: 10 Building Name: Outpatient Surgery Building

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] 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
- [X] 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: 11 Building Name: Cancer Center

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [X] 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: 12 Building Name: Hospital Main Entrance

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [X] 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: 13 Building Name: Utility Plant

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] 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
- [X] Central Plant
- [ ] Support Services

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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: 14 Building Name: Emergency Generator Room

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] 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
- [X] 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: 15 Building Name: Elevator Addition

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

- ☐ Nursing
- ☐ IntensiveCare
- ☐ Pediatric/Adolescent
- ☐ 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: 16 Building Name: Kitchen Remodel 1

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] 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: 17 Building Name: Kitchen Remodel 2

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] 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: 18 Building Name: Material Management Building

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] 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
- [X] 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: **02** Building Name: **North Wing**

Type of Service Provided

[X]	Nursing	Inpatient Beds	72
[ ]	IntensiveCare	Inpatient Beds	0
[ ]	Pediatric/Adolescent	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		72

[ ]	Surgical	[ ]	Obstetrical Cesarean/Deliv
[ ]	Anesthesia	[ ]	Obstetrical Recovery
[ ]	Clinical Lab	[ ]	Newborn/ WellBaby
[ ]	Radiological/ Imaging	[ ]	Emergency
[ ]	Pharmaceutical	[ ]	Nuclear Medicine
[X]	Dietetic	[ ]	Administration

[ ]	Rehabilitation Therapy	[ ]	Renal Dialysis
[ ]	Outpatient Surgery	[ ]	Central Plant
[X]	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: **03** Building Name: **South Wing**

Type of Service Provided

☐	Nursing	Inpatient Beds: 0	☒	Surgical		☐	Obstetrical Cesarean/Deliv	☐	Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds: 0	☒	Anesthesia					
☐	Pediatric/Adolescent	Inpatient Beds: 0	☒	Clinical Lab		☐	Obstetrical Recovery	☐	Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds: 0	☐	Radiological/ Imaging		☐	Newborn/ WellBaby	☐	Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds: 0	☐	Pharmaceutical		☐	Emergency	☐	Central Plant
☐	Intermediate Care	Inpatient Beds: 0	☐	Dietetic		☐	Nuclear Medicine	☐	Support Services
☐	Skilled Nursing	Inpatient Beds: 0	☐	Administration					

Total Beds this Building: 0

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

Building Number: **05** Building Name: **East Wing**

Type of Service Provided

[X]	Nursing	Inpatient Beds	46
[X]	IntensiveCare	Inpatient Beds	19
[ ]	Pediatric/Adolescent	Inpatient Beds	0
[ ]	Psychiatric Nursing	Inpatient Beds	0
[X]	Obstetrical Ante/Postprtum	Inpatient Beds	12
[ ]	Intermediate Care	Inpatient Beds	0
[ ]	Skilled Nursing	Inpatient Beds	0

Total Beds this Building: 77

[ ]	Surgical	[ ]	Obstetrical Cesarean/Deliv
[ ]	Anesthesia	[ ]	Obstetrical Recovery
[ ]	Clinical Lab	[ ]	Newborn/ WellBaby
[ ]	Radiological/ Imaging	[ ]	Emergency
[ ]	Pharmaceutical	[X]	Nuclear Medicine
[ ]	Dietetic	[ ]	Rehabilitation Therapy
[ ]	Administration	[ ]	Renal Dialysis
		[ ]	Outpatient Surgery
		[ ]	Central Plant
		[X]	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: **06** Building Name: **Administrative Wing**

Type of Service Provided

☐	Nursing	Inpatient Beds 0	☐	Surgical		☐	Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds 0	☐	Anesthesia				
☐	Pediatric/Adolescent	Inpatient Beds 0	☐	Clinical Lab		☐	Obstetrical Recovery	☐ Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds 0	☐	Radiological/ Imaging		☐	Newborn/ WellBaby	☐ Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds 0	☐	Pharmaceutical		☐	Emergency	☐ Central Plant
☐	Intermediate Care	Inpatient Beds 0	☐	Dietetic		☐	Nuclear Medicine	☐ Support Services
☐	Skilled Nursing	Inpatient Beds 0	☒	Administration				

Total Beds this Building: 0

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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

Building Number: **07** Building Name: **Southeast Wing**

Type of Service Provided

☐	Nursing	Inpatient Beds	0
☒	IntensiveCare	Inpatient Beds	10
☐	Pediatric/Adolescent	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: 10

☐	Surgical	☐	Obstetrical Cesarean/Deliv
☐	Anesthesia	☐	Obstetrical Recovery
☐	Clinical Lab	☐	Newborn/ WellBaby
☒	Radiological/ Imaging	☒	Emergency
☐	Pharmaceutical	☐	Nuclear Medicine
☐	Dietetic	☐	Rehabilitation Therapy
☐	Administration	☐	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: **08** Building Name: **Cafeteria**

Type of Service Provided

☐	Nursing	Inpatient Beds: 0	☐	Surgical		☐	Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds: 0	☐	Anesthesia				
☐	Pediatric/Adolescent	Inpatient Beds: 0	☐	Clinical Lab		☐	Obstetrical Recovery	☐ Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds: 0	☐	Radiological/ Imaging		☐	Newborn/ WellBaby	☐ Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds: 0	☐	Pharmaceutical		☐	Emergency	☐ Central Plant
☐	Intermediate Care	Inpatient Beds: 0	☒	Dietetic		☐	Nuclear Medicine	☐ Support Services
☐	Skilled Nursing	Inpatient Beds: 0	☐	Administration				

Total Beds this Building: 0

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

Building Number: 09 Building Name: Heart Center

Type of Service Provided

☐ Nursing	Inpatient Beds	0	☒ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	Inpatient Beds	0	☒ Anesthesia		
☐ Pediatric/Adolescent	Inpatient Beds	0	☐ Clinical Lab	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Psychiatric Nursing	Inpatient Beds	0	☒ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	☐ Pharmaceutical	☒ Emergency	☐ Central Plant
☐ Intermediate Care	Inpatient Beds	0	☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ Skilled Nursing	Inpatient Beds	0	☐ Administration		

Total Beds this Building: 0

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

Building Number: **10** Building Name: **Outpatient Surgery Building**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	☐ Surgical		☐ Obstetrical Cesarean/Deliv		☐ Rehabilitation Therapy	
☐ IntensiveCare	Inpatient Beds	0	☐ Anesthesia					
☐ Pediatric/Adolescent	Inpatient Beds	0	☐ Clinical Lab		☐ Obstetrical Recovery		☐ Renal Dialysis	
☐ Psychiatric Nursing	Inpatient Beds	0	☐ Radiological/ Imaging		☐ Newborn/ WellBaby		☒ Outpatient Surgery	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	☐ Pharmaceutical		☐ Emergency		☐ Central Plant	
☐ Intermediate Care	Inpatient Beds	0	☐ Dietetic		☐ Nuclear Medicine		☐ Support Services	
☐ Skilled Nursing	Inpatient Beds	0	☐ Administration					

Total Beds this Building: 0

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

Building Number: 11 Building Name: Cancer Center

Type of Service Provided

☐	Nursing	Inpatient Beds: 0	☐	Surgical		☐	Obstetrical Cesarean/Deliv	☒	Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds: 0	☐	Anesthesia					
☐	Pediatric/Adolescent	Inpatient Beds: 0	☐	Clinical Lab		☐	Obstetrical Recovery	☐	Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds: 0	☒	Radiological/ Imaging		☐	Newborn/ WellBaby	☐	Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds: 0	☐	Pharmaceutical		☐	Emergency	☐	Central Plant
☐	Intermediate Care	Inpatient Beds: 0	☐	Dietetic		☐	Nuclear Medicine	☐	Support Services
☐	Skilled Nursing	Inpatient Beds: 0	☐	Administration					

Total Beds this Building: 0

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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

Building Number: 12 Building Name: Hospital Main Entrance

Type of Service Provided

☐	Nursing	Inpatient Beds: 0	☐	Surgical	☐	Obstetrical Cesarean/Deliv	☐	Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds: 0	☐	Anesthesia				
☐	Pediatric/Adolescent	Inpatient Beds: 0	☐	Clinical Lab	☐	Obstetrical Recovery	☐	Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds: 0	☐	Radiological/ Imaging	☐	Newborn/ WellBaby	☐	Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds: 0	☐	Pharmaceutical	☐	Emergency	☐	Central Plant
☐	Intermediate Care	Inpatient Beds: 0	☐	Dietetic	☐	Nuclear Medicine	☐	Support Services
☐	Skilled Nursing	Inpatient Beds: 0	☒	Administration				

Total Beds this Building: 0

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

Building Number: **13** Building Name: **Utility Plant**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	☐ Surgical		☐ Obstetrical Cesarean/Deliv		☐ Rehabilitation Therapy	
☐ IntensiveCare	Inpatient Beds	0	☐ Anesthesia					
☐ Pediatric/Adolescent	Inpatient Beds	0	☐ Clinical Lab		☐ Obstetrical Recovery		☐ Renal Dialysis	
☐ Psychiatric Nursing	Inpatient Beds	0	☐ Radiological/ Imaging		☐ Newborn/ WellBaby		☐ Outpatient Surgery	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	☐ Pharmaceutical		☐ Emergency		☒ Central Plant	
☐ Intermediate Care	Inpatient Beds	0	☐ Dietetic		☐ Nuclear Medicine		☐ Support Services	
☐ Skilled Nursing	Inpatient Beds	0	☐ Administration					

Total Beds this Building: 0

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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

Building Number: 14 Building Name: Emergency Generator Room

Type of Service Provided

☐ Nursing	Inpatient Beds	0	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	Inpatient Beds	0	☐ Anesthesia		
☐ Pediatric/Adolescent	Inpatient Beds	0	☐ Clinical Lab	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Psychiatric Nursing	Inpatient Beds	0	☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	☐ Pharmaceutical	☐ Emergency	☒ Central Plant
☐ Intermediate Care	Inpatient Beds	0	☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ Skilled Nursing	Inpatient Beds	0	☐ Administration		

Total Beds this Building: 0

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

Building Number: 15 Building Name: Elevator Addition

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	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	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ Anesthesia		
☐ Clinical Lab	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ 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: **16** Building Name: **Kitchen Remodel 1**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	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	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ Anesthesia		
☐ Clinical Lab	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☒ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ 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: 17 Building Name: Kitchen Remodel 2

Type of Service Provided

☐	Nursing	Inpatient Beds 0	☐	Surgical		☐	Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds 0	☐	Anesthesia				
☐	Pediatric/Adolescent	Inpatient Beds 0	☐	Clinical Lab		☐	Obstetrical Recovery	☐ Renal Dialysis
☐	Psychiatric Nursing	Inpatient Beds 0	☐	Radiological/ Imaging		☐	Newborn/ WellBaby	☐ Outpatient Surgery
☐	Obstetrical Ante/Postprtum	Inpatient Beds 0	☐	Pharmaceutical		☐	Emergency	☐ Central Plant
☐	Intermediate Care	Inpatient Beds 0	☒	Dietetic		☐	Nuclear Medicine	☐ Support Services
☐	Skilled Nursing	Inpatient Beds 0	☐	Administration				

Total Beds this Building: 0

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

Building Number: 18 Building Name: Material Management Building

Type of Service Provided

☐ Nursing	Inpatient Beds	0	☐ Surgical		☐ Obstetrical Cesarean/Deliv		☐ Rehabilitation Therapy	
☐ IntensiveCare	Inpatient Beds	0	☐ Anesthesia					
☐ Pediatric/Adolescent	Inpatient Beds	0	☐ Clinical Lab		☐ Obstetrical Recovery		☐ Renal Dialysis	
☐ Psychiatric Nursing	Inpatient Beds	0	☐ Radiological/ Imaging		☐ Newborn/ WellBaby		☐ Outpatient Surgery	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	☐ Pharmaceutical		☐ Emergency		☐ Central Plant	
☐ Intermediate Care	Inpatient Beds	0	☐ Dietetic		☐ Nuclear Medicine		☒ Support Services	
☐ Skilled Nursing	Inpatient Beds	0	☐ Administration					

Total Beds this Building: 0

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

Building Number: 02 **Building Name:** North Wing

Medical / Surgical (Include GYN)

Inpatient Bed: 72 Inpatient Days: 10261

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 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: 72

Total Beds this Building Per Service: 72

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: 03 **Building Name:** South 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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 05 **Building Name:** East Wing

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	46	11207
Acute Respiratory Care	0	0
Acute Psychiatric	0	0
Perinatal (excluse Newborn / GYN)	12	5994
Burn	0	0
Skilled Nursing	0	0
Pediatric	0	0
intensive Care Newborn Nursery	0	0
Intermediate Card	0	0
Intensive Care	19	3560
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 77

Total Beds this Building Per Service: 77

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: 06 **Building Name:** Administrative Wing

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	0	0
Acute Respiratory Care	0	0
Acute Psychiatric	0	0
Perinatal (excluse Newborn / GYN)	0	0
Burn	0	0
Skilled Nursing	0	0
Pediatric	0	0
intensive Care Newborn Nursery	0	0
Intermediate Card	0	0
Intensive Care	0	0
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 0

Total Beds this Building Per Service: 0

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

Building Number: 07 **Building Name:** Southeast 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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 10 Inpatient Days: 2051

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: 10

Total Beds this Building Per Service: 0

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

Building Number: 08 **Building Name:** Cafeteria

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 (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 09 **Building Name:** Heart Center

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 (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 10 **Building Name:** Outpatient Surgery Building

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 11 **Building Name:** Cancer Center

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 12 **Building Name:** Hospital Main Entrance

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 13 **Building Name:** Utility Plant

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 14 **Building Name:** Emergency Generator Room

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 15 **Building Name:** Elevator Addition

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 16 **Building Name:** Kitchen Remodel 1

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 17 **Building Name:** Kitchen Remodel 2

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0

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

Building Number: 18 **Building Name:** Material Management Building

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 (excluse Newborn / GYN)
Inpatient Bed: 0 Inpatient Days: 0

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery
Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 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: 0

Total Beds this Building Per Service: 0