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

Facility Number:	11399
Facility Name:	Antelope Valley Hospital Medical Center
Address:	1600 West Avenue J
City:	Lancaster

Hospital Owner/Licensee:	Antelope Valley Healthcare District
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	George Rowerdink
Submission Date:	1/18/2011 4:35:45 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	Original Hospital	1600 West Avenue J	Retrofit	SPC2	01/01/2013	01/01/2013
02	Storeroom Addition	1600 West Avenue J	Retrofit	SPC2	01/01/2013	01/01/2013
03	East Wing Addition	1600 West Avenue J	Retrofit	SPC2	01/01/2013	01/01/2013
04	Dining Room Addition	1600 West Avenue J	Remove	N/A	01/01/2013	01/01/2013
05	Cobalt Addition	1600 West Avenue J	Remove	N/A	01/01/2013	01/01/2013
14	Storeroom & Dock Addition	1600 West Avenue J	Retrofit	SPC2	01/01/2013	01/01/2013

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: 01 | Original Hospital | Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11399	IL082962	0	SB 1661: VSI - BLDG #1, ORIGN'L HOSPT'L 1954 BLDG (FRMRLY SB1661/PPR: MSTR PLN PROJ-REPLCMNT TWR).	12/31/2008		02/25/2011	05/28/2012	OPEN	No

Building No: 03 | East Wing Addition | Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11399	IL082922	0	SB 1661: VSI - BLDG #3, HOSPIT'L ADDITION 1960 BLDG (FRMRLY SB1661/PPR: MSTR PLN PROJ-REPLCMNT TWR).	10/30/2010		02/25/2011	10/01/2012	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: **Original Hospital**

Type of Service Provided

[X]	Nursing	Inpatient Beds	26	Inpatient Days	6776
[X]	IntensiveCare	Inpatient Beds	17	Inpatient Days	0
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[X]	Psychiatric Nursing	Inpatient Beds	30	Inpatient Days	3021
[ ]	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: **73**

[X]	Surgical	[ ]	Obstetrical Recovery
[ ]	Anesthesia	[ ]	Newborn/ WellBaby
[ ]	Clinical Lab	[ ]	Emergency
[ ]	Radiological/ Imaging	[ ]	Nuclear Medicine
[ ]	Pharmaceutical		
[X]	Dietetic	[ ]	Rehabilitation Therapy
[X]	Administration	[ ]	Renal Dialysis
[X]	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: 02 Building Name: Storeroom Addition

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	0	Inpatient Days	0

Total Beds this Building: **0**

☐	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: 03 Building Name: East Wing Addition

Type of Service Provided

[X]	Nursing	Inpatient Beds	46	Inpatient Days	6564
[X]	IntensiveCare	Inpatient Beds	5	Inpatient Days	0
[X]	Pediatric/Adolescent	Inpatient Beds	22	Inpatient Days	3390
[ ]	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: **73**

[X]	Surgical	[ ]	Obstetrical Recovery
[X]	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 inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04 Building Name: Dining Room Addition

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	0	Inpatient Days	0

Total Beds this Building: 0

☐	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: **05** Building Name: **Cobalt Addition**

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: 0	Inpatient Days: 0		

Total Beds this Building: **0**

☐	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: 14 Building Name: Storeroom & Dock Addition

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	0	Inpatient Days	0

Total Beds this Building: 0

☐ 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: 01 **Building Name:** Original Hospital

Medical / Surgical (Include GYN)

Inpatient Bed: 26 Inpatient Days: 6776

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 30 Inpatient Days: 3021

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: 17 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: 73

Total Beds this Building Per Service: 73

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

Building Number: 02 **Building Name:** Storeroom 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

Report Status: **Data Last Update:** 01/18/2011 **Submission Date:** 01/18/2011 **Print Date:** 1/19/2011 8:38 AM

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

Building Number: 03 **Building Name:** East Wing Addition

Medical / Surgical (Include GYN)

Inpatient Bed: 46 Inpatient Days: 6564

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: 22 Inpatient Days: 3390

intensive Care Newborn Nursery

Inpatient Bed: 5 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: 73

Total Beds this Building Per Service: 73

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:** Dining Room 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

Report Status: **Data Last Update:** 01/18/2011 **Submission Date:** 01/18/2011 **Print Date:** 1/19/2011 8:38 AM

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

Building Number: 05 **Building Name:** Cobalt 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

Report Status: **Data Last Update:** 01/18/2011 **Submission Date:** 01/18/2011 **Print Date:** 1/19/2011 8:38 AM

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

Building Number: 14 **Building Name:** Storeroom & Dock 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

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	Original Hospital	
02	Storeroom Addition	
03	East Wing Addition	
04	Dining Room Addition	X
05	Cobalt Addition	X
06	Hospital Addition	
07	Central Plant	
09	Kitchen Addition	
10	Hospital Tower Addition	
11	Central Plant Addition	
12	Entrance Addition	
13	Kitchen and Dining Additions	
14	Storeroom & Dock Addition	

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

Building Number	Building Name	New Site
N_1	Women & Infant Pavilion	

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: 04

Building Name: Dining Room Addition

Year of Information: 2008

Information Current As Of: 01/01/2011

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	0	☐ Administration		
	Total Beds this Building	0			

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: 04 Building Name: Dining Room Addition Year of Information: 2009

Information Current As Of:

Type of Services Provided

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

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: 04

Building Name: Dining Room Addition

Year of Information: 2010

Information Current As Of:

Type of Services Provided

☐	Nursing	Inpatient Beds	0	☐	Surgical	☐	Obstetrical Cesarean/Deliv
☐	IntensiveCare	Inpatient Beds	0	☐	Anesthesia		
☐	Pediatric/Adolescent	Inpatient Beds	0	☐	Clinical Lab	☐	Obstetrical Recovery
☐	Psychiatric Nursing	Inpatient Beds	0	☐	Radiological/ Imaging	☐	Newborn/ WellBaby
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	☐	Pharmaceutical	☐	Emergency
☐	Intermediate Care	Inpatient Beds	0	☐	Dietetic	☐	Nuclear Medicine
☐	Skilled Nursing	Inpatient Beds	0	☒	Administration		
		Total Beds this Building	0				

☐	Rehabilitation Therapy		
☐	Renal Dialysis		
☐	Outpatient Surgery		
☐	Central Plant		
☐	Support Services		

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: 05

Building Name: Cobalt Addition

Year of Information: 2008

Information Current As Of: 01/01/2011

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	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

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: 05

Building Name: Cobalt Addition

Year of Information: 2009

Information Current As Of:

Type of Services Provided

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

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: 05

Building Name: Cobalt Addition

Year of Information: 2010

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	0	☒ Administration					
	Total Beds this Building	0						

Report Status: **Data Last Update:** 01/18/2011 **Submission Date:** 01/18/2011 **Print Date:** 1/19/2011 8:38 AM

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: 04 Building Name: Dining Room Addition

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

Administration | N/A

Building Number: 05 Building Name: Cobalt Addition

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

Administration | 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: Original Hospital

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] 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: 02 Building Name: Storeroom Addition

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

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: 03 Building Name: East Wing Addition

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] 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 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: Dining Room Addition

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 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: 05 Building Name: Cobalt Addition

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 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: 14 Building Name: Storeroom & Dock Addition

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

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: Original Hospital

Configuration: Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [X] 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: 02 Building Name: Storeroom Addition

Configuration: Replace with new SPC 5 and NPC 4 or NPC 5 building

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

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: East Wing Addition

Configuration : Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] 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: 04 Building Name: Dining Room Addition

Configuration : N/A

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: 05 Building Name: Cobalt Addition

Configuration : N/A

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: 06 Building Name: Hospital Addition

Configuration : N/A

Type of Service Provided

- [X] Nursing
- [X] 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
- [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: 07 Building Name: Central Plant

Configuration : N/A

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: 09 Building Name: Kitchen Addition

Configuration : N/A

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: 10 Building Name: Hospital Tower Addition

Configuration : N/A

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [X] 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: Central Plant Addition

Configuration : N/A

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: 12 Building Name: Entrance Addition

Configuration : N/A

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: Kitchen and Dining Additions

Configuration: N/A

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: 14 Building Name: Storeroom & Dock Addition

Configuration: Replace with new SPC 5 and NPC 4 or NPC 5 building

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: **06** Building Name: **Hospital Addition**

Type of Service Provided

[X]	Nursing	Inpatient Beds	16
[X]	IntensiveCare	Inpatient Beds	16
[ ]	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: 32

[ ]	Surgical	[ ]	Obstetrical Cesarean/Deliv
[ ]	Anesthesia	[ ]	Obstetrical Recovery
[ ]	Clinical Lab	[ ]	Newborn/ WellBaby
[ ]	Radiological/ Imaging	[ ]	Emergency
[ ]	Pharmaceutical	[ ]	Nuclear Medicine
[ ]	Dietetic	[ ]	Rehabilitation Therapy
[X]	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: **07** Building Name: **Central 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

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: **Kitchen 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: **10** Building Name: **Hospital Tower Addition**

Type of Service Provided

[X]	Nursing	Inpatient Beds	154
[X]	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: 164

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

Report Status: **Data Last Update:** 01/18/2011 **Submission Date:** 01/18/2011 **Print Date:** 1/19/2011 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: **11** Building Name: **Central Plant Addition**

Type of Service Provided

☐	Nursing	Inpatient Beds: 0	☐	Surgical		☐	Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐	IntensiveCare	Inpatient Beds: 0	☐	Anesthesia		☐	Obstetrical Recovery	☐ Renal Dialysis
☐	Pediatric/Adolescent	Inpatient Beds: 0	☐	Clinical Lab		☐	Newborn/ WellBaby	☐ Outpatient Surgery
☐	Psychiatric Nursing	Inpatient Beds: 0	☐	Radiological/ Imaging		☐	Emergency	☒ Central Plant
☐	Obstetrical Ante/Postprtum	Inpatient Beds: 0	☐	Pharmaceutical		☐	Nuclear Medicine	☐ Support Services
☐	Intermediate Care	Inpatient Beds: 0	☐	Dietetic				
☐	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: 12 Building Name: Entrance 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: 13 Building Name: Kitchen and Dining Additions

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 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:** Hospital Addition

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	16	5074
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	16	5074
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 32

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:** Central 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: 09 **Building Name:** Kitchen 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: 10 **Building Name:** Hospital Tower Addition

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	154	47377
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	10	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: 164

Total Beds this Building Per Service: 164

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:** Central Plant 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: 12 **Building Name:** Entrance 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: 13 **Building Name:** Kitchen and Dining Additions

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