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

Facility Number:	11510
Facility Name:	Centinela Hospital Medical Center
Address:	555 E. Hardy St.
City:	Inglewood

Hospital Owner/Licensee:	Prime Healthcare Centinela, LLC
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Puchlik Design Associates
Submission Date:	1/19/2011 2:30:41 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
05	West Tower	555 E. Hardy St.	Retrofit	SPC2	01/01/2015	12/01/2014
09	Nursery Addition	555 E. Hardy St.	Retrofit	SPC2	01/01/2015	12/01/2014
10	Laundry Building	555 E. Hardy St.	Retrofit	SPC2	01/01/2013	12/01/2012

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: 05 | West Tower | 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
11510	IL101404	0	SB 499: VSI - BUILDING 5/WEST TOWER BUILDING	06/23/2010		06/01/2011	06/01/2014	OPEN	No

Building No: 09 | Nursery 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
11510	IL101406	0	SB 499: VSI - BUILDING 9/NURSERY ADDITION	06/23/2010		06/01/2011	06/01/2014	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: 05 Building Name: West Tower

Type of Service Provided

[X]	Nursing	Inpatient Beds	140	Inpatient Days	25350
[ ]	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
[X]	Skilled Nursing	Inpatient Beds	24	Inpatient Days	0

Total Beds this Building: **164**

[X]	Surgical	[X]	Obstetrical Recovery
[X]	Anesthesia	[ ]	Newborn/ WellBaby
[X]	Clinical Lab	[ ]	Emergency
[ ]	Radiological/ Imaging	[ ]	Nuclear Medicine
[ ]	Pharmaceutical		
[ ]	Dietetic	[X]	Rehabilitation Therapy
[X]	Administration	[ ]	Renal Dialysis
[X]	Support Services	[X]	Outpatient Surgery
[X]	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: **09** Building Name: **Nursery Addition**

Type of Service Provided

☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☒	IntensiveCare	Inpatient Beds	9	Inpatient Days	2816
☐	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: **9**

☐	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: **10** Building Name: **Laundry Building**

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: 05 **Building Name:** West Tower

Medical / Surgical (Include GYN)

Inpatient Bed: 108 Inpatient Days: 2535 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: 24 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: 32 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: 164

Total Beds this Building Per Service: 176

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

Building Number: 09 **Building Name:** Nursery 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: 9 Inpatient Days: 2816

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: 9

Total Beds this Building Per Service: 0

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

Building Number: 10 **Building Name:** Laundry 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

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	West Wing/ER Addition	
02	North Wing/Day Surgery	
03	Dietary Storage	
04	East Tower	
05	West Tower	
06	Engineering	
07	East Wing	
08	Central Plant Addition	
09	Nursery Addition	
10	Laundry Building	



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: West Tower

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [X] Obstetrical Cesarean/Deliv
- [X] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] 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: 09 Building Name: Nursery Addition

Type of Service Provided

- [ ] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [X] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [X] 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: 10 Building Name: Laundry 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
- [X] 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: West Wing/ER Addition

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

Type of Service Provided

- [ ] Nursing
- [ ] 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
- [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: 02 Building Name: North Wing/Day Surgery

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
- [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: Dietary Storage

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

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: 04 Building Name: East Tower

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

[X]	Nursing	[X]	Surgical	[ ]	Obstetrical Cesarean/Deliv	[X]	Rehabilitation Therapy
[X]	IntensiveCare	[X]	Anesthesia	[ ]	Obstetrical Recovery	[X]	Renal Dialysis
[ ]	Pediatric/Adolescent	[ ]	Clinical Lab				
[X]	Psychiatric Nursing	[ ]	Radiological/ Imaging	[ ]	Newborn/ WellBaby	[X]	Outpatient Surgery
[ ]	Obstetrical Ante/Postprtum	[ ]	Pharmaceutical	[ ]	Emergency	[X]	Central Plant
[ ]	Intermediate Care	[ ]	Dietetic	[ ]	Nuclear Medicine	[X]	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: 05 Building Name: West Tower

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

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

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

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: 07 Building Name: East Wing

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

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: 08 Building Name: Central Plant Addition

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

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: 09 Building Name: Nursery Addition

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

- [ ] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [X] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [X] 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: 10 Building Name: Laundry Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 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
- [X] 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: **01** Building Name: **West Wing/ER 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	29
☐	Intermediate Care	Inpatient Beds	0
☐	Skilled Nursing	Inpatient Beds	0

Total Beds this Building: 29

☐	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 Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 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: 02 Building Name: North Wing/Day Surgery

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		

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 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: **03** Building Name: **Dietary Storage**

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: **04** Building Name: **East Tower**

Type of Service Provided

[X]	Nursing	Inpatient Beds	108
[X]	IntensiveCare	Inpatient Beds	12
[ ]	Pediatric/Adolescent	Inpatient Beds	0
[X]	Psychiatric Nursing	Inpatient Beds	28
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0
[ ]	Intermediate Care	Inpatient Beds	0
[ ]	Skilled Nursing	Inpatient Beds	0
	Total Beds this Building		148

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

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 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: **06** Building Name: **Engineering**

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
☐	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: **07** Building Name: **East Wing**

Type of Service Provided

☐	Nursing	Inpatient Beds	0
☒	IntensiveCare	Inpatient Beds	19
☐	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: 19

☐	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: **Central Plant Addition**

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: 01 **Building Name:** West Wing/ER Addition

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	0	0
Acute Respiratory Care	0	0
Acute Psychiatric	0	0
Perinatal (excluse Newborn / GYN)	29	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: 29

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: 02 **Building Name:** North Wing/Day Surgery

	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	Total Beds this Building Per Service
0	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: 03 **Building Name:** Dietary Storage

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: 04 **Building Name:** East Tower

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	108	31924
Acute Respiratory Care	0	0
Acute Psychiatric	28	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	12	3716
Chemical Dependency	0	0

Total Beds this Building Per Unit	Total Beds this Building Per Service
148	148

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:** Engineering

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: 07 **Building Name:** East 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	19	5632
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 19

Total Beds this Building Per Service: 0

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 8:38 AM

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:** Central Plant Addition

	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