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

Facility Number:	12140
Facility Name:	Valley Presbyterian Hospital
Address:	15107 Van Owen St.
City:	Van Nuys

Hospital Owner/Licensee:	Valley Presbyterian Hospital
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Gayathri S Jith
Submission Date:	1/27/2011 1:00:00 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	Base Building (Main Hospital)	15107 Vanowen St.	Retrofit	SPC2	01/01/2013	01/01/2015
02	Service Building	15107 Vanowen St.	Retrofit	SPC2	01/01/2013	01/01/2013



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: Base Building (Main Hospital)

Type of Service Provided

[X]	Nursing	Inpatient Beds	139	Inpatient Days	13469
[ ]	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
[X]	Pediatric/Adolescent	Inpatient Beds	25	Inpatient Days	4234
[ ]	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
[X]	Obstetrical Ante/Postprtum	Inpatient Beds	8	Inpatient Days	1606
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[ ]	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: 172

[X]	Surgical	[ ]	Obstetrical Recovery
[X]	Anesthesia	[ ]	Newborn/ WellBaby
[ ]	Clinical Lab	[X]	Emergency
[ ]	Radiological/ Imaging	[ ]	Nuclear Medicine
[X]	Pharmaceutical		
[X]	Dietetic	[X]	Rehabilitation Therapy
[ ]	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: Service 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: 01 **Building Name:** Base Building (Main Hospital)

Medical / Surgical (Include GYN)

Inpatient Bed: 92 Inpatient Days: 9673

Acute Respiratory Care

Inpatient Bed: 30 Inpatient Days: 5899

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 8 Inpatient Days: 1606

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 25 Inpatient Days: 4234

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: 17 Inpatient Days: 3796

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: 172

Total Beds this Building Per Service: 172

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:** Service 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	Base Building (Main Hospital)	
02	Service Building	
03	Administrative Expansion	
03A	Administrative Expansion (North)	
04	Ancillary Inpatient East	
05	Ancillary Inpatient West	
06	Elevator Lobby East	
07	Elevator Lobby West	
08	Inpatient Tower	



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: Base Building (Main Hospital)

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [X] 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: Service 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
- [X] 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: 01 Building Name: Base Building (Main Hospital)

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

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [X] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [X] 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: Service 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
- [X] 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: 03 Building Name: Administrative Expansion

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: 03A

Building Name: Administrative Expansion (North)

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
- [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: 04 Building Name: Ancillary Inpatient East

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] 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
- [ ] 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: 05 Building Name: Ancillary Inpatient West

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
- [x] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [x] Obstetrical Cesarean/Deliv
- [x] 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: 06 Building Name: Elevator Lobby East

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

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: Elevator Lobby West

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

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: Inpatient Tower

Configuration: N/A

Type of Service Provided

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

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

Building Number: 03 Building Name: Administrative Expansion

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: **03A** Building Name: **Administrative Expansion (North)**

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:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 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: **04** Building Name: **Ancillary Inpatient East**

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	20
☐	Intermediate Care	Inpatient Beds	0
☐	Skilled Nursing	Inpatient Beds	0

Total Beds this Building: 20

☐	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: **05** Building Name: **Ancillary Inpatient West**

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: **06** Building Name: **Elevator Lobby East**

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:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 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: **Elevator Lobby West**

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:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 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: **08** Building Name: **Inpatient Tower**

Type of Service Provided

[X]	Nursing	Inpatient Beds	96
[X]	IntensiveCare	Inpatient Beds	62
[ ]	Pediatric/Adolescent	Inpatient Beds	0
[ ]	Psychiatric Nursing	Inpatient Beds	0
[X]	Obstetrical Ante/Postprtum	Inpatient Beds	30
[ ]	Intermediate Care	Inpatient Beds	0
[ ]	Skilled Nursing	Inpatient Beds	0

Total Beds this Building: 188

[ ]	Surgical	[ ]	Obstetrical Cesarean/Deliv	[ ]	Rehabilitation Therapy
[X]	Anesthesia				
[ ]	Clinical Lab	[X]	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: 03 **Building Name:** Administrative Expansion

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: 03A **Building Name:** Administrative Expansion (North)

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:** Ancillary Inpatient East

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: 20 Inpatient Days: 4015

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: 20

Total Beds this Building Per Service: 20

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:** Ancillary Inpatient West

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: 06 **Building Name:** Elevator Lobby East

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:** Elevator Lobby West

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: 08 **Building Name:** Inpatient Tower

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	96	27850
Acute Respiratory Care	0	0
Acute Psychiatric	0	0
Perinatal (excluse Newborn / GYN)	30	10658
Burn	0	0
Skilled Nursing	0	0
Pediatric	0	0
intensive Care Newborn Nursery	32	7337
Intermediate Card	0	0
Intensive Care	30	6096
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 188

Total Beds this Building Per Service: 188