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

| | |
|---|---|
| Facility Number: | 13086 |
| Facility Name: | Kaiser Foundation Hospital-South San Francisco |
| Address: | 1200 El Camino Real |
| City: | South San Francisco |

| | |
|---|---|
| Hospital Owner/Licensee: | Kaiser Permanente Foundation Hospital/220000022 |
| Year of Reporting: | 2010 |
| Contact 1 e-mail Address: | |
| Contact 2 e-mail Address: | |
| Contact 3 e-mail Address:: | |
| Name of Submitter: | Richard Ginley |
| Submission Date: | 1/19/2011 3:22:58 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 |
|---|---|---|---|---|---|---|
| 06A | Hospital - Building 6 Canopy | 1200 El Camino Real | Retrofit | SPC2 | 01/01/2015 | 01/01/2015 |

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

Building Number: 06A Building Name: Hospital - Building 6 Canopy

**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:** 06A **Building Name:** Hospital - Building 6 Canopy

**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 | Hospital - Building 1 | |
| 02 | Hospital - Building 2 | |
| 03 | Hospital Tower - Building 3 | |
| 04 | Hospital - Building 4 | |
| 05 | Hospital - Building 5 | |
| 06 | Hospital - Building 6 | |
| 06A | Hospital - Building 6 Canopy | |
| 07.1 | Hospital - Building 7.1 | |
| 07.2 | Hospital - Bldg 7.2 Exhaust Hood | |
| 08 | Hospital - Building 8 | |
| 09 | Hospital - Building 9 | |



**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: 06A Building Name: Hospital - Building 6 Canopy

**Type of Service Provided**

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

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

Building Number: 01 Building Name: Hospital - Building 1

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: 02 Building Name: Hospital - Building 2

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: 03 Building Name: Hospital Tower - Building 3

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| [X] | 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 | [X] | Pharmaceutical | [ ] | Emergency | [X] | Central Plant |
| [ ] | Intermediate Care | [ ] | Dietetic | [ ] | Nuclear Medicine | [X] | Support Services |
| [ ] | Skilled Nursing | [X] | 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: Hospital - Building 4

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

**Type of Service Provided**

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] 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: 05 Building Name: Hospital - Building 5

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

**Type of Service Provided**

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] 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: 06 Building Name: Hospital - Building 6

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: 06A

Building Name: Hospital - Building 6 Canopy

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
- ☐ Central Plant
- ☐ Support Services

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

Building Number: 07.1 Building Name: Hospital - Building 7.1

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

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

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

Building Number: 07.2 Building Name: Hospital - Bldg 7.2 Exhaust Hood

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
- [ ] 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: Hospital - Building 8

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [ ] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [ ] 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: Hospital - Building 9

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [x] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] 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: **01** Building Name: **Hospital - Building 1**

**Type of Service Provided**

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

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

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

Building Number: **02** Building Name: **Hospital - Building 2**

**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: **03** Building Name: **Hospital Tower - Building 3**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| [X] | Nursing | Inpatient Beds | 22 |
| [ ] | 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 | | 22 |

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

Report Status: **Data Last Update:** 01/12/2011 **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: **04** Building Name: **Hospital - Building 4**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| [X] | Nursing | Inpatient Beds | 49 |
| [ ] | 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 | | 49 |

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

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

Building Number: **05** Building Name: **Hospital - Building 5**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| [X] | Nursing | Inpatient Beds | 34 |
| [ ] | 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 | | 34 |

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

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

Building Number: **06** Building Name: **Hospital - Building 6**

**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:** 01/12/2011 **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: **07.1** Building Name: **Hospital - Building 7.1**

**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: **07.2** Building Name: **Hospital - Bldg 7.2 Exhaust Hood**

**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: **08** Building Name: **Hospital - Building 8**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| ☐ | Nursing | Inpatient Beds | 0 |
| ☒ | IntensiveCare | Inpatient Beds | 15 |
| ☐ | 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: 15

| | | | |
|---|---|---|---|
| ☐ | 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: **09** Building Name: **Hospital - Building 9**

**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:** 01 **Building Name:** Hospital - Building 1

**Medical / Surgical (Include GYN)**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Respiratory Care**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Psychiatric**
Inpatient Bed: 0 Inpatient Days: 0

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

**Burn**
Inpatient Bed: 0 Inpatient Days: 0

**Skilled Nursing**
Inpatient Bed: 0 Inpatient Days: 0

**Pediatric**
Inpatient Bed: 0 Inpatient Days: 0

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

**Intermediate Card**
Inpatient Bed: 0 Inpatient Days: 0

**Intensive Care**
Inpatient Bed: 0 Inpatient Days: 0

**Rehabilitation Center**
Inpatient Bed: 0 Inpatient Days: 0

**Int. Care / development Disabled**
Inpatient Bed: 0 Inpatient Days: 0

**Coronary Care**
Inpatient Bed: 0 Inpatient Days: 0

**Chemical Dependency**
Inpatient Bed: 0 Inpatient Days: 0

**Total Beds this Building Per Unit:** 0

**Total Beds this Building Per Service:** 0

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

**Building Number:** 02 **Building Name:** Hospital - Building 2

**Medical / Surgical (Include GYN)**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Respiratory Care**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Psychiatric**
Inpatient Bed: 0 Inpatient Days: 0

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

**Burn**
Inpatient Bed: 0 Inpatient Days: 0

**Skilled Nursing**
Inpatient Bed: 0 Inpatient Days: 0

**Pediatric**
Inpatient Bed: 0 Inpatient Days: 0

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

**Intermediate Card**
Inpatient Bed: 0 Inpatient Days: 0

**Intensive Care**
Inpatient Bed: 0 Inpatient Days: 0

**Rehabilitation Center**
Inpatient Bed: 0 Inpatient Days: 0

**Int. Care / development Disabled**
Inpatient Bed: 0 Inpatient Days: 0

**Coronary Care**
Inpatient Bed: 0 Inpatient Days: 0

**Chemical Dependency**
Inpatient Bed: 0 Inpatient Days: 0

**Total Beds this Building Per Unit:** 0

**Total Beds this Building Per Service:** 0

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

**Building Number:** 03 **Building Name:** Hospital Tower - Building 3

**Medical / Surgical (Include GYN)**

Inpatient Bed: 22 Inpatient Days: 2164

**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:** 22

**Total Beds this Building Per Service:** 37

**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:** Hospital - Building 4

**Medical / Surgical (Include GYN)**
Inpatient Bed: 49 Inpatient Days: 4820

**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:** 49

**Total Beds this Building Per Service:** 49

**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:** Hospital - Building 5

**Medical / Surgical (Include GYN)**
Inpatient Bed: 34 Inpatient Days: 3883

**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:** 34

**Total Beds this Building Per Service:** 34

**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 - Building 6

**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:** 07.1 **Building Name:** Hospital - Building 7.1

**Medical / Surgical (Include GYN)**

Inpatient Bed: 0 Inpatient Days: 0

**Acute Respiratory Care**

Inpatient Bed: 0 Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0 Inpatient Days: 0

**Perinatal (excluse Newborn / GYN)**

Inpatient Bed: 0 Inpatient Days: 0

**Burn**

Inpatient Bed: 0 Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 0 Inpatient Days: 0

**Pediatric**

Inpatient Bed: 0 Inpatient Days: 0

**intensive Care Newborn Nursery**

Inpatient Bed: 0 Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0 Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0 Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0 Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0 Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0 Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0 Inpatient Days: 0

**Total Beds this Building Per Unit**: 0

**Total Beds this Building Per Service**: 0

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

**Building Number:** 07.2 **Building Name:** Hospital - Bldg 7.2 Exhaust Hood

**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:** Hospital - Building 8

| | 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** | 15 | 1745 |
| **Rehabilitation Center** | 0 | 0 |
| **Int. Care / development Disabled** | 0 | 0 |
| **Coronary Care** | 0 | 0 |
| **Chemical Dependency** | 0 | 0 |

**Total Beds this Building Per Unit:** 15

**Total Beds this Building Per Service:** 0

Report Status: **Data Last Update:** 01/12/2011 **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:** 09 **Building Name:** Hospital - Building 9

| | 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