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

Facility Number:	14345
Facility Name:	Sutter Lakeside Hospital
Address:	5176 Hill Road East
City:	Lakeport

Hospital Owner/Licensee:	Sutter West Bay Hospitals
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Carl Scheuerman
Submission Date:	1/25/2011 3:00:00 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
06	Purchasing Building	5176 Hill Road East	Remove	N/A	01/01/2013	12/31/2012



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

Building Number: 06 Building Name: Purchasing 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: 06 **Building Name:** Purchasing 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	Main Hospital	
02	Hospital Addition	
03	CT Scanner	
04	Conference Room	
05	LDRP Addition	
06	Purchasing Building	X
07	Surgery & Emergency Department	

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

Building Number: 06

Building Name: Purchasing Building

Year of Information: 2008

Information Current As Of: 09/15/2010

Type of Services Provided

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

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

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

Building Number: 06

Building Name: Purchasing Building

Year of Information: 2009

Information Current As Of: 09/15/2010

Type of Services Provided

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

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

Building Number: 06

Building Name: Purchasing Building

Year of Information: 2010

Information Current As Of: 09/15/2010

Type of Services Provided

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

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

Building Number: 06 Building Name: Purchasing Building

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

Support Services	Relocated to other building

New Building	Bed Count	RetroFitted Building	Bed Count	Other SPC2-SPC5 Building	Bed Count
				01-Main Hospital	

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: 06 Building Name: Purchasing Building

Type of Service Provided

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

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

Building Number: 01 Building Name: Main Hospital

Configuration: N/A

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [X] 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: 02 Building Name: Hospital Addition

Configuration: N/A

Type of Service Provided

- [ ] Nursing
- [X] 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: 03 Building Name: CT Scanner

Configuration: N/A

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

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: Conference Room

Configuration: N/A

Type of Service Provided

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

Configuration : N/A

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: 06 Building Name: Purchasing Building

Configuration: Remove from GAC service by 1/1/2013

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: Surgery & Emergency Department

Configuration : N/A

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				

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: **Main Hospital**

Type of Service Provided

[X]	Nursing	Inpatient Beds	40	[ ]	Surgical	[ ]	Obstetrical Cesarean/Deliv
[ ]	IntensiveCare	Inpatient Beds	0	[ ]	Anesthesia	[ ]	Rehabilitation Therapy
[ ]	Pediatric/Adolescent	Inpatient Beds	0	[X]	Clinical Lab	[ ]	Obstetrical Recovery
[ ]	Psychiatric Nursing	Inpatient Beds	0	[X]	Radiological/ Imaging	[ ]	Renal Dialysis
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	[X]	Pharmaceutical	[ ]	Newborn/ WellBaby
[ ]	Intermediate Care	Inpatient Beds	0	[X]	Dietetic	[ ]	Outpatient Surgery
[ ]	Skilled Nursing	Inpatient Beds	0	[X]	Administration	[ ]	Emergency
						[X]	Central Plant
						[X]	Nuclear Medicine
						[X]	Support Services

Total Beds this Building: 40

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 Addition**

Type of Service Provided

☐	Nursing	Inpatient Beds	0
☒	IntensiveCare	Inpatient Beds	3
☐	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: 3

☐	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: **CT Scanner**

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: **Conference Room**

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: **05** Building Name: **LDRP 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	6
☐	Intermediate Care	Inpatient Beds	0
☐	Skilled Nursing	Inpatient Beds	0

Total Beds this Building: 6

☐	Surgical	☒ Obstetrical Cesarean/Deliv	☒ Rehabilitation Therapy
☐	Anesthesia	☒ Obstetrical Recovery	☐ Renal Dialysis
☐	Clinical Lab	☒ Newborn/ WellBaby	☐ Outpatient Surgery
☐	Radiological/ Imaging	☐ Emergency	☐ Central Plant
☐	Pharmaceutical	☐ Nuclear Medicine	☐ Support Services
☐	Dietetic		
☐	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: **07** Building Name: **Surgery & Emergency Department**

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:** Main Hospital

Medical / Surgical (Include GYN)

Inpatient Bed: 40 Inpatient Days: 2561

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: 40

Total Beds this Building Per Service: 40

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 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	3	541
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	0	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 3

Total Beds this Building Per Service: 3

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:** CT Scanner

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:** Conference Room

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

Acute Respiratory Care
Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric
Inpatient Bed: 0 Inpatient Days: 0

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

Burn
Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing
Inpatient Bed: 0 Inpatient Days: 0

Pediatric
Inpatient Bed: 0 Inpatient Days: 0

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

Intermediate Card
Inpatient Bed: 0 Inpatient Days: 0

Intensive Care
Inpatient Bed: 0 Inpatient Days: 0

Rehabilitation Center
Inpatient Bed: 0 Inpatient Days: 0

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

Coronary Care
Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency
Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 0

Total Beds this Building Per Service: 0

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

Building Number: 05 **Building Name:** LDRP Addition

	Inpatient Bed	Inpatient Days
Medical / Surgical (Include GYN)	0	0
Acute Respiratory Care	0	0
Acute Psychiatric	0	0
Perinatal (excluse Newborn / GYN)	6	314
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
6	6

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:** Surgery & Emergency Department

	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