Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital	Owner and	Year of Report per Section 130061(e)	
Facility Number:	10184		
Facility Name:	St. Jose	ph Hospital	
Address:	2700 Do	lbeer St	
City:	Eureka		
Hospital Owner/Lic	ensee:	St. Joseph Hospital / St. Joseph Health Northenr California, LLC	
Year of Rep	oorting:	2018	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	Bill Eveloff	
Submission	n Date:	12/5/2018 4:01:49 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building 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
BLD- 00535	Original Hospital and	2700 Dolbeer St	Rebuild	SPC5	01/01/2020	11/01/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00535 Original Hospital and Central Plant Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10184	HS050197-0	0	NORTHEAST BUILDING ADDITION	1/24/2005	3/19/2008 12:00:00 AM	03/19/2008	02/08/2019	FIEL	No

Report Year: 2018	10184	St. Joseph Hospital	Eureka		Page:4 of 45
Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: BL	D-00535	Building Name: Or	riginal Hospital and Central Pl	ant	
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	sis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	X Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plar	nt

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:5 of 45 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00535 **Building Number: Building Name:** Original Hospital and Central Plant Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00535	Original Hospital and Central Plant	Rebuild
BLD-00536	Linear Accelerator (Phase II)	Remain
BLD-00537	Phase III Addition Building	Remain
BLD-00538	Emergency Entrance Vestibule	Remain
BLD-00539	Radiation Oncology Addition	Remain
BLD-00540	Heart Center	Remain
BLD-00541	East Wing	Remain
BLD-00542	Emergency Entrance Vestibule Addition	Remain
BLD-02735	Emergency Generator #1 CMU Building	Remain
BLD-02736	Emergency Generator #2 Enclosure Shed	Remain
BLD-03625	Northeast Building	Remain

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List ALL proposed	d new buildings to be constructed at this or another site.		
Building Number	Building Name	New Site	
N_1	Northeast Tower		

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The project replaced of The planner replaced of the planner replaced of the project of the proje	eted date or dates or rebuild building ed uses of the bu or rebuild building	s the building s as well. ilding or bui s as well.	ced, rebuilt, removed f g will be removed from Idings to be removed f d in the building or buil	service per Sec	etion 130061 (c)(service per Sect	(2)(A) and pro ion 130061(c)	ovide said date or	
Building N	umber: BLD-0	0535	Original Ho	espital and Centr	al Plant	Removal Date:	11/01/2019	
Planned U	ses for the buildi	ng to be ren	noved from acute care	service:				
Planned u	se for building:	Other		Jurisdiction:]		
	Other Usage:	Non code re	equired administrative					
Inpatient s	ervices currently	delivered in	the building:					
	Nursing		Surgical		Obstetrical Cesarean/Deli	v	Rehabilitat Therapy	tion
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dial	ysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		X Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Pla	ant
	Intermediate Care	X	Dietetic		Nuclear Medicine		X Support Services	
	Skilled Nursing	IX	Administration					



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No data reporte	ed for Section	n 130061(c))(2)(D).		

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		esponding
Building Number: BLD-00535 Building Name: Original Hospital and Central Plant		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Dietetic N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R	ing or retrofitted building and any correction 130061(c)(2)(E)	esponding
Building Name: Original Hospital and Central Plant Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Administration N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		esponding
Building BLD-00535 Building Name: Original Hospital and Central Plant Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Support Services N/A		
	-	

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			e services and beds will be relocated to buildings with a Building Resolution of "				
Building Number:	BLD-0		ding Name: Original Hospital and Ce				
Will general a	cute care se	ervices and	peds will be relocated to a new, Existin	g or retrofitted	d b	ouilding?	
OutpatientSu	rgery	I/A					

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No data reporte	ed for Section	n 130061(c))(3).		

Section 1300610			nat is provided in any riginal Hospital and C			building t	hat is rated SPC-1
Type of Service	Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Х	Outpatient
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical		T Harmadeandar				
	Ante/Postprtum	X	Dietetic	Ш	Nuclear Medicine	X	Support Services
П	Intermediate						
	Care	X	Administration				
	Skilled Nursing						

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00535 Building Name: Original Hospital and Central Plant									
Configuration: Remove from GAC service by 1/1/2020									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Dietetic								
Skilled Nursing	Administration	Nuclear Medicine	Support Services						
	•								

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00536 Building Name: Linear Accelerator (Phase II)									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate are		Dietetic		Nuclear Medicine		Support		
Sk	killed Nursing		Administration				Services		

Report Year: 20	018 10184	St. Joseph H	ospital		Eureka		Page:17 of 45		
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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00537 Building Name: Phase III Addition Building									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Receivery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate are		Dietetic		Nuclear Medicine		Support		
Sk	xilled Nursing		Administration				Services		

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00538 Building Name: Emergency Entrance Vestibule									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided								
Nu	ursing		Gurgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	ermediate are		Dietetic		Nuclear Medicine	П	Support		
Sk	tilled Nursing		Administration				Services		

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00539 Building Name: Radiation Oncology Addition									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided								
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab		Reservery				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte	ermediate re		Dietetic		Nuclear Medicine		Support		
Ski	illed Nursing		Administration				Services		

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00540 Building Name: Heart Center									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Servic	e Provided								
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		recovery				
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate care		Dietetic		Nuclear Medicine		Support		
s	killed Nursing		Administration				Services		

St. Joseph Hospital	Eureka	Page:21 of 45							
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 acute care hospital building per Section 130061(c)(5)									
Building Name: East Wing									
ming building to NPC 4 or NPC 5									
Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
Anesthesia	Obstetrical Recovery	Renal Dialysis							
Clinical Lab	Recovery								
Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Pharmaceutical	Emergency	Central Plant							
Dietetic	Emergency								
Administration	Nuclear Medicine	Support Services							
1									
	Building Name: East Wing ming building to NPC 4 or NPC 5 Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic	Building Name: East Wing ming building to NPC 4 or NPC 5 Surgical Obstetrical Cesarean/Deliv Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Imaging Newborn/ WellBaby Pharmaceutical Emergency Dietetic Nuclear Medicine							

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00542 Building Name: Emergency Entrance Vestibule Addition									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy		
In	tensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		entral Plant		
	termediate		Dietetic		Emergency		ennai Fiant		
	are killed Nursing		Administration		Nuclear Medicine		Support Services		
3.	34 . 14.31119	I							

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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 equirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-02735 Building Name: Emergency Generator #1 CMU Building										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service Provided	1									
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
IntensiveCa	е	Anesthesia		Obstetrical Recovery		Renal Dialysis				
Pediatric/Ad escent	ы 🗌 (Clinical Lab		recovery						
Psychiatric Nursing		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery				
Obstetrical Ante/Postpri		Pharmaceutical		Emergency		Central Plant				
Intermediate		Dietetic	_	Emergency		oontan nanc				
Care Skilled Nurs		Administration		Nuclear Medicine		Support Services				
Skilled Nurs		AMITHISTI AUOH								

Report Year: 20	10184	St. Joseph Ho	espital		Eureka		Page:24 of 45		
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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-02736 Building Name: Emergency Generator #2 Enclosure Shed									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided								
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab		recovery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support		
Sk	illed Nursing		Administration				Services		

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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 acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-03625 Building Name: Northeast Building									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Receivery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate are		Dietetic		Nuclear Medicine	П	Support		
SI	killed Nursing		Administration				Services		

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Include information on 4D and SPC-5 per Sec			y type of Service provided by I	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00536	Building Na	me: Linear Accelerator (Ph	ase II)	
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X 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			

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	e information on t d SPC-5 per <mark>Sec</mark>			y type of S	Service provided by I	buildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Buildir	ng Number: BLC	0-00537	Building Na	ame: Ph	ase III Addition Build	ding			
Туре	of Service Prov	ided							
	Nursing	Inpatient Beds	0	X	Surgical	[Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	8	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	[Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	[X Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	[Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		8						

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Include information on 4D and SPC-5 per Sec			type of Service provided b	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00538	Building Nar	me: Emergency Entrance	e Vestibule	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2018	10184	St. Joseph Hospita	ıl	Eureka	Page:29 of 45
Include information on 4D and SPC-5 per Sec			type of Service provided by	/ buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00539	Building Nar	me: Radiation Oncology	Addition	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X 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			

eport Year: 2018	10184	St. Joseph Hospita	al	Eureka	Page:30 of 45
Include information on 4D and SPC-5 per Sec			type of Service provided b	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00540	Building Na	me: Heart Center		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	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			

ort Year:	2018	10184	St. Joseph Hospit	al			Eureka		Page:31 of 45
	nformation on the SPC-5 per Section			y type of S	Service provided by b	ouildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building I	Number: BLD	-00541	Building Na	ame: Ea	st Wing				
Type of	Service Provi	<u>ded</u>							
X Nu	ursing	Inpatient Beds	62		Surgical	[Obstetrical Cesarean/Deliv		ehabilitation herapy
X Int	tensiveCare	Inpatient Beds	5		Anesthesia				
	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab		X Obstetrical Recovery	R	enal Dialysis
Ps Nu	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging		X Newborn/ WellBaby		utpatient urgery
	ostetrical nte/Postprtum	Inpatient Beds	11	X	Pharmaceutical	[Emergency	X C	entral Plant
Int Ca	termediate are	Inpatient Beds	0		Dietetic	[Nuclear Medicine		upport ervices
Sk	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		78						

eport Year: 2018	10184	St. Joseph Hospita	ıl	Eureka	Page:32 of 45
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00542	Building Nar	me: Emergency Entrance	Vestibule Addition	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	
Pediatric/Adol escent	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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec			by type of Service provided by	buildings that are classified a	s SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLE	D-02735	Building N	lame: Emergency Generato	r #1 CMU Building	
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02736	Building Nar	me: Emergency Generato	r #2 Enclosure Shed	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-03625	Building Na	me: Northeast Building		
Type of Service Pro	ovided				
X Nursing	Inpatient Beds	40	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	12	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient n Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	X Administration		
Total Beds this Building		52			

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Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric	Include information on the number of inpatient b 4D and SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that a	re classified as SPC-2, SPC-3, SPC-4, SPC-
Inpatient 0 Inpatient	Building Number: BLD-00536 Build	Linear Accelerator (Phase II)	
Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing	Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient			
Pediatric Intensive Care Newborn Nursery Inpatient 0 I	Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient			
Intensive Care Rehabilitation Center Inpatient 0 Inpatient 0 Inpatient 0 Days Coronary Care Chemical Dependency Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Chemical Dependency Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Total Beds this Building Per Unit Service	Pediatric		Intermediate Care
Inpatient 0 Inpatient 0 Inpatient 0 Days Coronary Care Center Inpatient 0 Inpatient 0 Inpatient 0 Days Days Coronary Care Chemical Dependency Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Chemical Dependency Inpatient 0 Inpatient Inpatient 0 Inpatient Inpa			
Bed Days Bed Days Bed Days Coronary Care Chemical Dependency Total Beds this Building Per Unit Inpatient 0 Inp	Intensive Care		
Inpatient 0 Inpati			
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0	Coronary Care	Chemical Dependency	

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Report Year: 2018 10184 St. Joseph Hospital Eureka Page:38 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-00538 Emergency Entrance Vestibule **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:39 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-00539 Radiation Oncology Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:40 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-00540 **Heart Center Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:41 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-00541 **East Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 62 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 16576 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn

Inpatient 1240 Inpatient 11 Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient 585 Inpatient Inpatient 5 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 78 78

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Report Year: 2018 10184 St. Joseph Hospital Eureka Page:43 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02735 Emergency Generator #1 CMU Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:44 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02736 Emergency Generator #2 Enclosure Shed **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 10184 St. Joseph Hospital Eureka Page:45 of 45 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, SPC-4D and SPC-5 per Section 130061(e) BLD-03625 Northeast Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 12576 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 12 3411 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 52 52