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

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Facility Number:

10628

Facility Name:

Sutter Memorial Hospital

Address:

5151 F Street

City:

Sacramento

Hospital Owner/Licensee:

Sutter Health Sacramento Sierra Region

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

1/8/2013 3:18:16 PM

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 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-01448	Central Wing	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-01449	East Wing	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-01450	Diagnostic Laboratory Building	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-01451	Surgery Building	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2015
BLD-02970	Dietary	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-02971	Maternity	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-02972	Radiation / Oncology	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013
BLD-02975	Carpenter/Paint Shop	5151 F Street	Rebuild	SPC5	01/01/2015	12/15/2013

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-01448	Central Wing	Retrofit/Replacement Project:			Yes-Submitted		
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2013	PEND	No

Building No:		BLD-01449	East Wing	Retrofit/Replacement Project:			Yes-Submitted		
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2013	PEND	No

Building No:		BLD-01450	Diagnostic Laboratory Building	Retrofit/Replacement Project:			Yes-Submitted		
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2012	PEND	No

Building No: BLD-01451

Surgery Building

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2012	PEND	No

Building No: BLD-02970

Dietary

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2013	PEND	No

Building No: BLD-02971

Maternity

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2012	PEND	No

Building No: BLD-02972

Radiation / Oncology

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		08/28/2007	12/15/2012	PEND	No

Report Year:

2012

10628

Sutter Memorial Hospital

Sacramento

Page:5 of 76

Building No:

BLD-02975

Carpenter/Paint Shop

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	1/7/2004 12:00:00 AM		10/03/2007	12/15/2013	PEND	No

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

Building Number: **BLD-01448**Building Name: **Central Wing****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="74"/>	Inpatient Days	<input type="text" value="12996"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input checked="" type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="28"/>	Inpatient Days	<input type="text" value="7397"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="22"/>	Inpatient Days	<input type="text" value="4707"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input checked="" type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building			<input type="text" value="124"/>		

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

Building Number: **BLD-01449**Building Name: **East Wing****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="52"/>	Inpatient Days	<input type="text" value="9133"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Recovery
<input type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Anesthesia	<input checked="" type="checkbox"/>	Newborn/WellBaby
<input checked="" type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="21"/>	Inpatient Days	<input type="text" value="5547"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Emergency
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Radiological/Imaging	<input type="checkbox"/>	Nuclear Medicine
<input checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="22"/>	Inpatient Days	<input type="text" value="4707"/>	<input checked="" type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Rehabilitation Therapy
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Dietetic	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Outpatient Surgery
			<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>	Support Services	<input type="checkbox"/>	Central Plant
			<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>	Obstetrical Cesarean/Deliv		
			Total Beds this Building	<input type="text" value="95"/>					

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

Building Number: **BLD-01450**

Building Name:

**Diagnostic Laboratory Building****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01451**Building Name: **Surgery Building****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

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

Building Number: **BLD-02970**Building Name: **Dietary****Type of Service Provided**

<input type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Recovery	
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="55"/>	Inpatient Days	<input type="text" value="18749"/>	<input type="checkbox"/>	Anesthesia	<input type="checkbox"/>	Newborn/WellBaby	
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Emergency	
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Radiological/Imaging	<input type="checkbox"/>	Nuclear Medicine	
<input type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Rehabilitation Therapy	
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Dietetic	<input type="checkbox"/>	Renal Dialysis	
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Outpatient Surgery	
			Total Beds this Building	<input type="text" value="55"/>			<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Central Plant



Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-02972**Building Name: **Radiation / Oncology****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="0"/>				

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

Building Number: **BLD-02975**

Building Name: **Carpenter/Paint Shop**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

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:

BLD-01448

Building Name:

Central Wing

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-01449

Building Name: East Wing

**Medical / Surgical (Include GYN)**

Inpatient Bed 52 Inpatient Days 9133

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 22 Inpatient Days 4707

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 21 Inpatient Days 5547

**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**

95

**Total Beds this Building Per Service**

95

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

Building Number: BLD-01450

Building Name: Diagnostic Laboratory Building

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-01451

Building Name: Surgery Building

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-02970

Building Name: Dietary

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-02971

Building Name: Maternity

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-02972

Building Name: Radiation / Oncology

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-02975

Building Name: Carpenter/Paint Shop

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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-01448	Central Wing	Rebuild
BLD-01449	East Wing	Rebuild
BLD-01450	Diagnostic Laboratory Building	Rebuild
BLD-01451	Surgery Building	Rebuild
BLD-01452	North Wing	Rebuild
BLD-01453	ER Radiology	Rebuild
BLD-02970	Dietary	Rebuild
BLD-02971	Maternity	Rebuild
BLD-02972	Radiation / Oncology	Rebuild
BLD-02973	Central Plant	Replace
BLD-02974	Corridor	Rebuild
BLD-02975	Carpenter/Paint Shop	Rebuild

## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Women's & Childrens Tower	<input checked="" type="checkbox"/>

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01448

Building Name:

Central Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Nursing

N/A

Building Number:

BLD-01448

Building Name:

Central Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pediatric Adolescent

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01448

Building Name: Central Wing

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

Obstetrical Ante  
Postprtum

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01448

Building Name: Central Wing

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

Surgical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:

BLD-01448

Building Name:

Central Wing

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

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:

BLD-01448

Building Name:

Central Wing

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

OutpatientSurgery

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01448

Building Name: Central Wing

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

Medical/Surgical  
(Include GYN)

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01448

Building Name: Central Wing

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

Perinatal (exclude  
Newborn / GYN))

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01448

Building Name:

Central Wing

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

Pediatric

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name:

East Wing

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

Nursing

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name: East Wing

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

Pediatric Adolescent

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name: East Wing

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

Obstetrical Ante  
Postprtum

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name:

East Wing

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

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name:

East Wing

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

Newborn/Well Baby

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name:

East Wing

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

Medical/Surgical  
(Include GYN)

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01449

Building Name:

East Wing

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

Perinatal (exclude  
Newborn / GYN))

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:

BLD-01450

Building Name:

Diagnostic Laboratory Building

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

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:

BLD-01451

Building Name:

Surgery Building

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

Surgical

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01451

Building Name:

Surgery Building

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

Anesthesia

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01451

Building Name:

Surgery Building

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

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:

BLD-01452

Building Name:

North Wing

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

Intensive Care

N/A

Building Number:

BLD-01452

Building Name:

North Wing

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

Pediatric Adolescent

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Obstetrical Ante  
Postprtum

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Surgical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Anesthesia

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Obstetrical  
Cesarean/Deliv

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Obstetrical Recovery

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name: North Wing

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

Newborn/Well Baby

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name: North Wing

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

Perinatal (exclude  
Newborn / GYN))

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:

BLD-01452

Building Name:

North Wing

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

Pediatric

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-01452

Building Name:

North Wing

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

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building Number:  Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N\_1-Women's & Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07	08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02970

Building Name: Dietary

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

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02970

Building Name: Dietary

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

Dietetic

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02970

Building Name: Dietary

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

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02970

Building Name: Dietary

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

CentralPlant

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02970

Building Name:

Dietary

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

Intensive Care  
Newborn Nursery

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Building  
Number:

BLD-02973

Building Name:

Central Plant

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

CentralPlant

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N\_1-Women's &amp; Childrens Tower

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10625	IS040037-0	0	8 STORY TOWER/WOMEN'S & CHILDREN'S HOSPITAL BUILDING	2004-01-07		08/28/2007	12/15/2013	PEND

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01448

Building Name:

Central Wing

## Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01449

Building Name:

East Wing

### Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01450

Building Name:

Diagnostic Laboratory Building

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 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 any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01451

Building Name:

Surgery Building

### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-02970

Building Name:

Dietary

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 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 any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-02971

Building Name:

Maternity

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 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 any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-02972

Building Name:

Radiation / Oncology

### Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear  
MedicineRehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-02975

Building Name:

Carpenter/Paint Shop

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01448

Building Name: Central Wing

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01449

Building Name: East Wing

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01450

Building Name: Diagnostic Laboratory Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> Skilled Nursing			

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-01451

Building Name: Surgery Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Administration		
<input type="checkbox"/> Skilled Nursing			

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-01452

Building Name: North Wing

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01453

Building Name: ER Radiology

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Nuclear Medicine	
<input type="checkbox"/> Skilled Nursing			

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-02970

Building Name: Dietary

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-02971

Building Name: Maternity

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-02972

Building Name: Radiation / Oncology

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-02973

Building Name: Central Plant

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-02974

Building Name: Corridor

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-02975

Building Name: Carpenter/Paint Shop

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> 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: **BLD-01452**Building Name: **North Wing****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="40"/>	<input checked="" type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="12"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="22"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="74"/>			

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: **BLD-01453**Building Name: **ER Radiology****Type of Service Provided**
 Nursing Inpatient Beds 
 IntensiveCare Inpatient Beds 
 Pediatric/Adol escent Inpatient Beds 
 Psychiatric Nursing Inpatient Beds 
 Obstetrical Ante/Postprtum Inpatient Beds 
 Intermediate Care Inpatient Beds 
 Skilled Nursing Inpatient Beds 

 Total Beds this Building 
 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: **BLD-02973**Building Name: **Central Plant****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="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: **BLD-02974**Building Name: **Corridor****Type of Service Provided**
 Nursing Inpatient Beds 
 IntensiveCare Inpatient Beds 
 Pediatric/Adol  
escent Inpatient Beds 
 Psychiatric  
Nursing Inpatient Beds 
 Obstetrical  
Ante/Postprtum Inpatient Beds 
 Intermediate  
Care Inpatient Beds 
 Skilled Nursing  
Inpatient Beds 

 Total Beds this  
Building 
 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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01452

Building Name:

North Wing

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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:

BLD-01453

Building Name:

ER Radiology

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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:

BLD-02973

Building Name:

Central Plant

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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:

BLD-02974

Building Name:

Corridor

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Report Year:

2012

10628

Sutter Memorial Hospital

Sacramento

Page:76 of 76

Report Status: **Data Last Update:** 10/11/2012

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