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

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Facility Number:

10786

Facility Name:

Mills Health Center

Address:

100 South San Mateo Drive

City:

San Mateo

Hospital Owner/Licensee:

Mills-Peninsula Health Services

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

9/17/2013 3:26:24 PM

Report Year:

2013

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San Mateo

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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 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-00843	Power Plant	100 South San Mateo Drive	Remove	N/A	01/01/2015	06/12/2014

Report Year:

2013

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Report Status: **Data Last Update:** 09/17/2013

**Submission Date:** 09/17/2013

**Print Date:** 9/19/2013 1:50 PM

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

Building Number: **BLD-00843**Building Name: **Power Plant****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/Adol escent	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/Postprtum	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"/> Obstetrical Cesarean/Deliv	<input checked="" 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 unit per building per Section 130061(c)(1)(F)

Building Number: BLD-00843

Building Name: Power 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**

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-00070	Main Hospital	Remove
BLD-00843	Power Plant	Remove
BLD-05501	1975 Power Plant	Remove
BLD-05502	Transformer Vault	Remove

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Report Status: **Data Last Update:** 09/17/2013

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Report Status: **Data Last Update:** 09/17/2013

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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-00070

Building Name: Main Hospital

Year of Information: 2010

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**Inpatient Beds  Patient Days **Acute Respiratory Care**Inpatient Beds  Patient Days **Acute Psychiatric**Inpatient Beds  Patient Days **Perinatal (exclude Neborn/GYN)**Inpatient Beds  Patient Days **Burn**Inpatient Beds  Patient Days **Skilled Nursing**Inpatient Beds  Patient Days **Pediatric**Inpatient Beds  Patient Days **Intensive Care Newborn Nursery**Inpatient Beds  Patient Days **Intermediate Care**Inpatient Beds  Patient Days **Intensive Care**Inpatient Beds  Patient Days **Rehabilitation Center**Inpatient Beds  Patient Days **Int. Care/Developmentally Disabled**Inpatient Beds  Patient Days **Coronary Care**Inpatient Beds  Patient Days **Chemical Dependency**Inpatient Beds  Patient Days **Total Beds this Building per Unit****Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-00070	Building Name:	Main Hospital	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	8	Patient Days	288	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	1607	Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0		8
		Patient Days	0	<b>Total Beds this Building per Service</b>	8

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-00070	Building Name:	Main Hospital	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	8	Patient Days	459	Inpatient Beds	0
		Patient Days	0	Inpatient Beds	39
				Patient Days	11520
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
		Patient Days	0	Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	13
		Patient Days	2050	Patient Days	2050
				<b>Total Beds this Building per Service</b>	60
					60

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-00843	Building Name:	Power Plant	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-00843	Building Name:	Power Plant	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-00843	Building Name:	Power Plant	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05501	Building Name:	1975 Power Plant	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05501	Building Name:	1975 Power Plant	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05501	Building Name:	1975 Power Plant	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05502	Building Name:	Transformer Vault	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05502	Building Name:	Transformer Vault	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-05502	Building Name:	Transformer Vault	Year of Information:	2012
Unit Type			Information Current As Of:		
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	<b>Total Beds this Building per Service</b>	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="21"/>	Patient Days	<input type="text" value="0"/>	<input checked="" 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"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="39"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building per service		<input type="text" value="60"/>					

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-00070

Building Name:

Main Hospital

Year of Information: 2011

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="8"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service 

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-00070

Building Name:

Main Hospital

Year of Information: 2012

Information Current As Of:

12/31/2012

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="21"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="39"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service 

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-00843

Building Name:

Power Plant

Year of Information: 2012

Information Current As Of:

12/31/2012

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-05501

Building Name:

1975 Power Plant

Year of Information: 2011

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:

Building Name:

Year of Information:

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-05502

Building Name:

Transformer Vault

Year of Information: 2012

Information Current As Of:

12/31/2012

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building Number:	BLD-00070	Building Name:	Main Hospital					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Nursing	Removed from hospital services							
Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10786	P-2012-01291	0	Reclassify chemical dependency med surg patient rooms	2012-06-19	2012-08-23		06/12/2014	OPEN
10786	P-2012-01357	0	Removal From Acute Care Services	2012-06-27	2013-02-20		06/12/2014	PEND

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Building Number:	BLD-00070	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Psychiatric Nursing	N/A		

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Building Number:	BLD-00070	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Surgical	Removed from hospital services		

Report Year:

2013

10786

Mills Health Center

San Mateo

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Report Status: **Data Last Update:** 09/17/2013

**Submission Date:** 09/17/2013

**Print Date:** 9/19/2013 1:50 PM

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Anesthesia

Removed from hospital services

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

ClinicalLab

Removed from hospital services

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Radiological/Imaging

Removed from hospital services

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Pharmaceutical

Removed from hospital services

Building Number:

BLD-00070

Building Name:

Main Hospital

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

Dietetic

Removed from hospital services

Building Number:

BLD-00070

Building Name:

Main Hospital

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

Administration

Removed from hospital services

Building Number:

BLD-00070

Building Name:

Main Hospital

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

Support Services

Removed from hospital services

Building Number:

BLD-00070

Building Name:

Main Hospital

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

Emergency

Removed from hospital services

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10786	P-2012-02430	0	Mills Hospital ED to Urgent Care Conversion	2012-11-13	2013-06-12			ACTI

Report Year:

2013

10786

Mills Health Center

San Mateo

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Report Status: **Data Last Update:** 09/17/2013

**Submission Date:** 09/17/2013

**Print Date:** 9/19/2013 1:50 PM

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

OutpatientSurgery

N/A

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Medical/Surgical  
(Include GYN)

Removed from hospital services

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Chemical  
Dependency

N/A

Building  
Number:

BLD-00070

Building Name:

Main Hospital

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

Acute Psychiatric

N/A

Building  
Number:

BLD-00843

Building Name:

Power Plant

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

CentralPlant

N/A

Building  
Number:

BLD-05501

Building Name:

1975 Power Plant

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

CentralPlant

N/A

Building  
Number:

BLD-05502

Building Name:

Transformer Vault

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

CentralPlant

N/A

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-00843

Building Name:

Power Plant

**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 checked="" type="checkbox"/> Central Plant  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>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-00070

Building Name:

Main Hospital

Configuration:

Remove from GAC service by 1/1/2015

**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:  Building Name:

Configuration:

**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 checked="" 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:  Building Name:

Configuration:

#### 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 checked="" 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:  Building Name:

Configuration:

#### 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 checked="" 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-00070**Building Name: **Main Hospital****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="21"/>	<input checked="" 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 checked="" type="checkbox"/>	Anesthesia	<input type="checkbox"/>	Obstetrical Recovery	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Newborn/ WellBaby	<input checked="" type="checkbox"/>	Outpatient Surgery
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="39"/>	<input checked="" type="checkbox"/>	Radiological/ Imaging	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Central Plant
<input type="checkbox"/>	Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Nuclear Medicine	<input checked="" type="checkbox"/>	Support Services
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Dietetic				
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Administration				
	Total Beds this Building		<input type="text" value="60"/>						

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-05501**Building Name: **1975 Power 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-05502**Building Name: **Transformer Vault****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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00070

Building Name:

Main Hospital

**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 / Developmentally 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-05501

Building Name:

1975 Power 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 Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally 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-05502

Building Name:

Transformer Vault

**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 / Developmentally 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**