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

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Facility Number:

10883

Facility Name:

El Camino Hospital

Address:

2500 Grant Road

City:

Mountain View

Hospital Owner/Licensee:

El Camino Hospital

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Michael Kay

Submission Date:

1/11/2013 4:19:22 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-02256 | 4 - Laundry & Laboratory Addition | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-02257 | 5 - Unit A Expansion              | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-02258 | 6 - Compactor Addition            | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-02259 | 7 - North Addition - South Half   | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-02260 | 8 - Surgical Wing                 | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-02261 | 9 - Original Hospital             | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 01/01/2015                  |
| BLD-02263 | 11 - Psychiatric Wings            | 2500 Grant Road            | Remove              | N/A                          | 01/01/2015     | 12/31/2015                  |
| BLD-02266 | 15 - East Addition                | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |
| BLD-03530 | 7A - North Addition - North Half  | 2500 Grant Road            | Rebuild             | SPC5                         | 01/01/2015     | 11/01/2009                  |

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:   Retrofit/Replacement Project:

| Facility Number | Project Number | Sub Num | Scope                | Date in                      | Plan Approved Date         | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|----------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006       |                      | CLOS   | No          |

Building No:   Retrofit/Replacement Project:

| Facility Number | Project Number | Sub Num | Scope                | Date in                      | Plan Approved Date         | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|----------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006       |                      | CLOS   | No          |

Building No:   Retrofit/Replacement Project:

| Facility Number | Project Number | Sub Num | Scope                | Date in                      | Plan Approved Date         | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|----------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006       |                      | CLOS   | No          |

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Building No:

BLD-02259

7 - North Addition - South Half

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 |
|-----------------|----------------|---------|----------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006       |                      | CLOS   | No          |

Building No:

BLD-02260

8 - Surgical 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 |
|-----------------|----------------|---------|----------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006       |                      | CLOS   | No          |

Building No:

BLD-02266

15 - East Addition

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 |
|-----------------|----------------|---------|---------------------------------|------------------------------|----------------------------|------------------|----------------------|--------|-------------|
| 10883           | HS032809-0     | 0       | REPLACEMENT HOSPITAL            | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM |                  |                      | CLOS   | No          |
| 10883           | HS040461-0     | 0       | SLOT/ DEMOLITION AND NEW INFILL | 3/17/2004<br>12:00:00<br>AM  | 9/6/2005<br>12:00:00<br>AM | 09/06/2005       | 07/23/2007           | CLOS   | No          |

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Building No:

BLD-03530

7A - North Addition - North Half

Retrofit/Replacement  
Project:

Yes-Submitted

| Facility<br>Number | Project<br>Number | Sub<br>Num | Scope                | Date Plan<br>in              | Approved<br>Date           | Proj. Start<br>Date | Proj. Completed<br>Date | Status | CEQA<br>Review |
|--------------------|-------------------|------------|----------------------|------------------------------|----------------------------|---------------------|-------------------------|--------|----------------|
| 10883              | HS032809-0        | 0          | REPLACEMENT HOSPITAL | 12/16/2003<br>12:00:00<br>AM | 6/7/2006<br>12:00:00<br>AM | 06/19/2006          |                         | CLOS   | 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-02256**Building Name: **4 - Laundry & Laboratory Addition****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         |
|  |                |                                |                | Total Beds this Building       | <input type="text" value="0"/>                | <input type="checkbox"/> Support Services           |
|  |                |                                |                |                                |   | <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-02258**Building Name: **6 - Compactor Addition****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-02260**Building Name: **8 - Surgical Wing****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-02261**Building Name: **9 - Original Hospital****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 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-02263**Building Name: **11 - Psychiatric Wings****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 checked="" type="checkbox"/> | Psychiatric Nursing         | Inpatient Beds | <input type="text" value="25"/> | Inpatient Days                  | <input type="text" value="7429"/> | <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       |               |
|                                     |                             |                | Total Beds this Building        | <input type="text" value="25"/> |                                   |                          | <input type="checkbox"/> | Support Services           | <input type="checkbox"/> | Central Plant |
|                                     |                             |                |                                 |                                 |                                   |                          | <input type="checkbox"/> | Obstetrical Cesarean/Deliv |                          |               |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-02266**Building Name: **15 - East Addition****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 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-03530

Building Name: 7A - North Addition - North Half

**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 unit per building per Section 130061(c)(1)(F)

Building Number:

BLD-02256

Building Name:

4 - Laundry &amp; Laboratory Addition

**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-02257

Building Name: 5 - Unit A Expansion

**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-02258

Building Name: 6 - Compactor Addition

**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-02259

Building Name: 7 - North Addition - South Half

**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-02260

Building Name: 8 - Surgical 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-02261

Building Name: 9 - Original 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 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-02263

Building Name: 11 - Psychiatric Wings

**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-02266

Building Name: 15 - East Addition

**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-03530

Building Name: 7A - North Addition - North Half

**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-02254       | 1 - Orchard Pavilion              | Remain                                      |
| BLD-02255       | 2 - Willow Pavilion               | Remain                                      |
| BLD-02256       | 4 - Laundry & Laboratory Addition | Rebuild                                     |
| BLD-02257       | 5 - Unit A Expansion              | Rebuild                                     |
| BLD-02258       | 6 - Compactor Addition            | Rebuild                                     |
| BLD-02259       | 7 - North Addition - South Half   | Rebuild                                     |
| BLD-02260       | 8 - Surgical Wing                 | Rebuild                                     |
| BLD-02261       | 9 - Original Hospital             | Rebuild                                     |
| BLD-02262       | 10 - Central Plant                | Remain                                      |
| BLD-02263       | 11 - Psychiatric Wings            | Remove                                      |
| BLD-02266       | 15 - East Addition                | Rebuild                                     |
| BLD-03530       | 7A - North Addition - North Half  | Rebuild                                     |
| BLD-03535       | 10 - Central Plant - Switchgear   | Remain                                      |
| BLD-03536       | 10 - Central Plant - Substation   | Remain                                      |
| BLD-03577       | Slot Building                     | Remain                                      |
| BLD-03578       | New Main Hospital Building        | Remain                                      |

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

| Building Number | Building Name          | New Site                 |
|-----------------|------------------------|--------------------------|
| N_1             | 18 - New Main Hospital | <input type="checkbox"/> |
| N_2             | 25 - Slot              | <input type="checkbox"/> |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 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"/>  | <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/Adolescent           | Inpatient Beds           | <input type="text" value="0"/>  | <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds           | <input type="text" value="25"/> | <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 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="25"/> |   |   |   |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 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"/>  |
| <input type="checkbox"/> IntensiveCare                  | Inpatient Beds           | <input type="text" value="0"/>  |
| <input type="checkbox"/> Pediatric/Adolescent           | Inpatient Beds           | <input type="text" value="0"/>  |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds           | <input type="text" value="25"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum     | Inpatient Beds           | <input type="text" value="0"/>  |
| <input type="checkbox"/> Intermediate Care              | Inpatient Beds           | <input type="text" value="0"/>  |
| <input type="checkbox"/> Skilled Nursing                | Inpatient Beds           | <input type="text" value="0"/>  |
|   | Total Beds this Building | <input type="text" value="25"/> |

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

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-02263

Building Name:

11 - Psychiatric Wings

Year of Information: 2011

Information Current As Of:

10/25/2012

Type of Services Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum 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

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-02266

Building Name:

15 - East Addition

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

Support Services

N/A

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-02263

Building Name:

11 - Psychiatric Wings

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

Psychiatric Nursing

N/A

Building  
Number:

BLD-02263

Building Name:

11 - Psychiatric Wings

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

Acute Psychiatric

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-02256

Building Name:

4 - Laundry &amp; Laboratory Addition

### 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-02257

Building Name:

5 - Unit A Expansion

### 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-02258

Building Name:

6 - Compactor Addition

### 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-02259

Building Name:

7 - North Addition - South Half

### 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-02260

Building Name:

8 - Surgical Wing

### 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-02261

Building Name:

9 - Original Hospital

### 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-02263

Building Name:

11 - Psychiatric Wings

### 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 checked="" 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<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 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-02266

Building Name:

15 - East Addition

### 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-03530

Building Name:

7A - North Addition - North Half

### 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-02254

Building Name: 1 - Orchard Pavilion

Configuration: N/A

**Type of Service Provided**

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Nursing                                  | <input type="checkbox"/> Surgical                 | <input checked="" type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare                 | <input checked="" type="checkbox"/> Anesthesia    | <input checked="" type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent                 | <input type="checkbox"/> Clinical Lab             | <input checked="" 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 checked="" 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-02255

Building Name: 2 - Willow Pavilion

Configuration: N/A

**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 checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input checked="" 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-02256

Building Name: 4 - Laundry &amp; Laboratory Addition

Configuration: N/A

**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-02257

Building Name: 5 - Unit A Expansion

Configuration: N/A

**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-02258

Building Name: 6 - Compactor Addition

Configuration: N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Administration

Skilled Nursing

Administration

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

Building Number: BLD-02259

Building Name: 7 - North Addition - South Half

Configuration: N/A

**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-02260

Building Name: 8 - Surgical Wing

Configuration: N/A

**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 type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input checked="" 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: BLD-02263

Building Name: 11 - Psychiatric Wings

Configuration: N/A

**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 checked="" 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:  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 type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input checked="" 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-03530

Building Name: 7A - North Addition - North Half

Configuration: N/A

**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:  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: BLD-03536

Building Name: 10 - Central Plant - Substation

Configuration: N/A

**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: BLD-03577

Building Name: Slot Building

Configuration: N/A

**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-03578

Building Name: New Main Hospital Building

Configuration: N/A

**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

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-02254**Building Name: **1 - Orchard Pavilion****Type of Service Provided**

|   |                |                                 |   |   |  |
|---|----------------|---------------------------------|---|---|--|
| <input type="checkbox"/> Nursing                                  | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Surgical                 | <input checked="" type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="20"/> | <input checked="" type="checkbox"/> Anesthesia    |   |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent                 | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Clinical Lab             | <input checked="" type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing                   | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Radiological/<br>Imaging | <input checked="" type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input checked="" type="checkbox"/> Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="44"/> | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                                | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care                     | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine                      | <input type="checkbox"/> Support<br>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="64"/> |   |   |  |

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-02255**Building Name: **2 - Willow Pavilion****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-02262**Building Name: **10 - 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<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia               |  |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Obstetrical<br>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<br>Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Skilled Nursing               | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration           |  |  |
| Total Beds this<br>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-03535**

Building Name: **10 - Central Plant - Switchgear**

**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-03536**

Building Name: **10 - Central Plant - Substation**

**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-03577**Building Name: **Slot Building****Type of Service Provided**

|  |                |                                |   |  |  |
|--|----------------|--------------------------------|---|--|--|
| <input type="checkbox"/> Nursing                       | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia               |  |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>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-03578**Building Name: **New Main Hospital Building****Type of Service Provided**

|  |                |                                  |  |   |   |
|--|----------------|----------------------------------|--|---|---|
| <input checked="" type="checkbox"/> Nursing                  | Inpatient Beds | <input type="text" value="180"/> | <input checked="" type="checkbox"/> Surgical       | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv  | <input type="checkbox"/> Rehabilitation<br>Therapy        |
| <input checked="" type="checkbox"/> IntensiveCare            | Inpatient Beds | <input type="text" value="24"/>  | <input checked="" type="checkbox"/> Anesthesia     |   |   |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent | Inpatient Beds | <input type="text" value="7"/>   | <input checked="" type="checkbox"/> Clinical Lab   | <input type="checkbox"/> Obstetrical<br>Recovery        | <input checked="" type="checkbox"/> Renal Dialysis        |
| <input type="checkbox"/> Psychiatric<br>Nursing              | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Newborn/<br>WellBaby           | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum       | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Pharmaceutical | <input checked="" type="checkbox"/> Emergency           | <input type="checkbox"/> Central Plant                    |
| <input type="checkbox"/> Intermediate<br>Care                | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Dietetic       | <input checked="" type="checkbox"/> Nuclear<br>Medicine | <input checked="" type="checkbox"/> Support<br>Services   |
| <input type="checkbox"/> Skilled Nursing                     | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Administration |   |   |
| Total Beds this<br>Building                                  |                | <input type="text" value="211"/> |  |   |   |

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-02254

Building Name:

1 - Orchard Pavilion

**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-02255

Building Name:

2 - Willow Pavilion

**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-02262

Building Name:

10 - 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-03535

**Building Name:**

10 - Central Plant - Switchgear

**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-03536

Building Name:

10 - Central Plant - Substation

**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-03577

Building Name:

Slot 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**

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-03578

Building Name:

New Main Hospital 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**

Report Year:

2012

10883

El Camino Hospital

Mountain View

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Report Status: **Data Last Update:** 10/30/2012

**Submission Date:** 01/11/2013

**Print Date:** 1/12/2013 6:25 AM