Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital	l Owner and	d Year of Report per Section 130061(e)							
Facility Number:	11159								
Facility Name:	Commu	nity Memorial Hospital - San Buenaventura							
Address:	147 N. E	Brent Street							
City:	Ventura								
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	porting: ddress: ddress:	Community Memorial Hospital of San Buenaventura 2019 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]							
Name of Sul	bmitter:	Tinette Hood							
Submissio	n Date:	10/21/2019 10:33:22 AM							
			1						

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00585	Goodyear Wing	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018
BLD- 00586	Main Building & Additions	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018
BLD- 00587	Gift Shop	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018
BLD- 00588	West Wing & Addition	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018

Report Year: 11159 Community Memorial Hospital - San Buenaventura Page:3 of 65 2019 Ventura 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). Goodyear Wing Retrofit/Replacement Building No: BLD-00585 No Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11159 IS082255-0 12/18/200 08/18/2011 ACTI No 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). No BLD-00586 Main Building & Additions Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 11159 IS082255-0 0 12/18/200 08/18/2011 ACTI No 8

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Page:4 of 65 Ventura 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). BLD-00587 No Gift Shop Building No: Retrofit/Replacement Project: CEQA Facility Project Plan Approved Projected Projected Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In 11159 IS082255-0 0 12/18/200 08/18/2011 ACTI No 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). BLD-00588 West Wing & Addition Retrofit/Replacement No Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Start Date Completion Date Status Number Number Num Scope Date Review Date In 0 ACTI No IS082255-0 08/18/2011 11159 12/18/200 8

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BL	Building Number: BLD-00585 Building Name: Goodyear Wing								
Type of Service Provided									
X Nursing	Inpatient Beds	18 Inpatient 1460 Days	Surgical	X Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
X Obstetrical Ante/Postprtum	Inpatient Beds	10 Inpatient Days 2451	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Beds	Total Beds this Building 28	X Obstetrical Cesarean/Deliv	Central Plant					

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Provide t	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
	Building Number: BLD-00586 Building Name: Main Building & Additions									
Type of	Type of Service Provided .									
X Nur	rsing	Inpatient Beds	157	Inpatient Days	23945	X Surg	gical		bstetrical ecovery	
Inte	ensiveCare	Inpatient Beds	0	Inpatient Days	0	X Anes	sthesia		ewborn/ /ellBaby	
	diatric/Adol cent	Inpatient Beds	5	Inpatient Days	283	Clinic	cal Lab	E	mergency	
☐ Psy Nur	ychiatric rsing	Inpatient Beds	0	Inpatient Days	s 0	X Radi Imag	ological/ jing		uclear ledicine	
	stetrical te/Postprtum	Inpatient Beds	0	Inpatient Days	s 2451	Phari	maceutical		ehabilitatio herapy	on
Inte	ermediate re	Inpatient Beds	0	Inpatient Days	s 0		inistration		enal Dialy	sis
Skil	illed Nursing	Inpatient Beds	0	Inpatient Days	s 0	X Supp Servi	ices		utpatient urgery	
		Dodo	Total B Building	eds this	162		etrical arean/Deliv	X C	entral Plar	nt

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-00587 Building Name: Gift Shop Type of Service Provided									
			I 🗆	☐ Obstetrical					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	☐ Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
☐ Obstetrical	Inpatient	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation					
Ante/Postprtum			Dietetic	☐ Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Type of Service Providence	ded								
	Inpatient Beds	0 Inpatient Days	0	Surgio	cal	Obstetrical Recovery			
	Inpatient Beds	21 Inpatient Day	rs 5360	Anestl	hesia	Newborn/ WellBaby			
	Inpatient Beds	0 Inpatient Da	ys 0	X Clinica	al Lab	X Emergency	1		
	Inpatient Beds	0 Inpatient Da	ys 0	Radio Imagir	logical/ ng	Nuclear Medicine			
	Inpatient Beds	0 Inpatient Da	ys 0	Pharm	naceutical ic	Rehabilitat Therapy	ion		
	Inpatient Beds	0 Inpatient Da	ys 0	Admin	istration	Renal Dialy Outpatient	ysis .		
	Inpatient Beds	0 Inpatient Da	ys 0	Servic	ees	Surgery			
	Т	Total Beds this Building	21	Obste Cesar	เกตลเ ean/Deliv	X Central Pla	nt		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number:	BLD-00585 Bu i	Iding Name: Goo	dyear Wing					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 18 Bed	Inpatient 1460 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 10 Bed	Inpatient 2451 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	28	28			

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:10 of 65 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00586 Main Building & Additions **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 157 Inpatient 2394 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 5 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient 2451 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient 283 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 162 Inpatient Inpatient Inpatient Inpatient 162 Days Days Bed Bed

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:11 of 65 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00587 Gift Shop **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:12 of 65 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00588 West Wing & Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 2573 Inpatient 10 Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 21 2787 Inpatient 21 Inpatient 11 Inpatient Inpatient Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00585	Goodyear Wing	Rebuild
BLD-00586	Main Building & Additions	Rebuild
BLD-00587	Gift Shop	Rebuild
BLD-00588	West Wing & Addition	Rebuild
BLD-00589	South Wing	Remain
BLD-00590	North Wing & OB/Gyn Addition	Remain
BLD-00591	Ambulatory Surgery & OB/Gyn Addition	Remain
BLD-00592	E.R. Addition	Remain
BLD-00593	Emergency Generator Building	Remain
BLD-03250	E.R. Addition Bridge	Remain
BLD-03251	Service Building	Remain
BLD-03252	Bridge Addition	Remain
BLD-03253	Brent Street Bridge	Remain

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

Building Building Name New Site

N_1 Replcmt (IS082255-0)

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-00585 Goodyear Wing Removal Date:								
Planned Uses for the building	to be removed from acute care	service:						
Planned use for building: Cli	nic	Jurisdiction: OSHPD						
Inpatient services currently del	livered in the building:							
X Nursing IntensiveCare	Surgical Anesthesia	X Obstetrical Cesarean/De	Rehabilitation Therapy	on				
Pediatric/Adol escent	Clinical Lab	X Obstetrical Recovery	Renal Dialys	sis				
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery					
X Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	nt				
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Administration							

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Nun	Building Number: BLD-00586 Main Building & Additions Removal Date:							
Planned Use	es for the buildi	ng to be remov	ed from acute car	e service:				
Planned use	e for building:	Other		Jurisdiction:				
(Other Usage:	Outpatient, me	edical offices, adm	inistration, suppor	t services			
Inpatient ser	vices currently	delivered in th	e building:					
X N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare	X	Anesthesia					
IXI	ediatric/Adol scent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	S
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
1 1	itermediate are	X	Dietetic		Nuclear Medicine	X	Support Services	
SI	killed Nursing	X	Administration					

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Num	Building Number: BLD-00587 Gift Shop Removal Date:								
Planned Use	s for the build	ing to be remov	ved from acute care	service:					
Planned use	for building:	Other		Jurisdiction:					
C	other Usage:	stairwell, educ	cation center						
Inpatient serv	vices currently	delivered in th	e building:						
☐ Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
Int	tensiveCare		Anesthesia			_	, ,		
1 1	ediatric/Adol cent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	П	Central Plant		
1 1	termediate are	X	Dietetic		Nuclear Medicine	X	Support Services		
Sk	killed Nursing	ı 🗆	Administration						

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number:	Building Number: BLD-00588 West Wing & Addition Removal Date:							
Planned Uses for the	building to be rem	oved from acute care	service:					
Planned use for build	ing: Other		Jurisdiction: []			
Other Usa	ge: outpatient se	ervices, administration	ı, support service	es				
Inpatient services cur	rently delivered in	the building:						
Nursing		Surgical		Obstetrical Cesarean/Deli	v	Rehabilitation Therapy	1	
X IntensiveC	are	Anesthesia				.,		
Pediatric/A escent	dol	Clinical Lab		Obstetrical Recovery		Renal Dialysi	s	
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obstetrica Ante/Postp		Pharmaceutical	X	Emergency	[2	Central Plant		
Intermedia Care	re	Dietetic		Nuclear Medicine	[2	Support Services		
Skilled Nu	sing	Administration						

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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-00588 Building Name: West Wing & Addition
Intensive Care N/A
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 Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
ClinicalLab N/A 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-00588 Building Name: West Wing & Addition
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services N/A

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Report whether the general acute care services and building sites or project numbers for buildings with a			
Building Number: Will general acute care services and beds will be re-	West Wing & Addition	building?	
Emergency N/A			
Report whether the general acute care services and building sites or project numbers for buildings with a			
Building Number: Will general acute care services and beds will be re-	West Wing & Addition	ouilding?	
CentralPlant N/A	socated to a new, Existing of Tetrofitted i	ounding?	
Report whether the general acute care services and building sites or project numbers for buildings with a			
Building BLD-00588 Building Name:	West Wing & Addition		
Will general acute care services and beds will be re	elocated to a new, Existing or retrofitted l	building?	
Intensive Care N/A			

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		nd beds will be relocated to a new, existirn a Building Resolution of "Rebuild" or "Re		
Number:	D-00587 Building Name: e services and beds will be	Gift Shop relocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Number:	D-00587 Building Name: e services and beds will be	Gift Shop relocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Number:	D-00585 Building Name: e services and beds will be Relocated to new building	Goodyear Wing relocated to a new, Existing or retrofitted	building?	

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		
Building Number: BLD-00585 Building Name: Goodyear Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Obstetrical Ante Postprtum Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		
Building Number: BLD-00585 Building Name: Goodyear Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Support Services Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R	ing or retrofitted building and any cor Replace" per Section 130061(c)(2)(E)	responding
Building Number: BLD-00585 Building Name: Goodyear Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Obstetrical Cesarean/Deliv Relocated to new building		

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building Number: BLD-00585 Building Name: Goodyear Wing Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Obstetrical Recovery Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building Number: BLD-00585 Building Name: Goodyear Wing	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Newborn/Well Baby Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building Name: Main Building & Additions Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Nursing Relocated to new building	

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Report whether the general acute care services and beds will be re building sites or project numbers for buildings with a Building Resol			
Building Number: BLD-00586 Building Name: Main Building & Wain Building & Wai		huilding?	
Obstetrical Ante Postprtum Relocated to new building	v, Existing of Tetronitied		
Report whether the general acute care services and beds will be re building sites or project numbers for buildings with a Building Resol			
Building BLD-00586 Building Name: Main Building & Number: Will general acute care services and beds will be relocated to a new		building?	
Surgical Relocated to new building			
Report whether the general acute care services and beds will be re building sites or project numbers for buildings with a Building Resol			
Building Number: BLD-00586 Building Name: Main Building 8	& Additions		
Will general acute care services and beds will be relocated to a new	w, Existing or retrofitted	building?	
Anesthesia Relocated to new building]	

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		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
		Main Building & Additions elocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existir a Building Resolution of "Rebuild" or "Re		
		Main Building & Additions elocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute care ser Administration	vices and beds will be r	Main Building & Additions elocated to a new, Existing or retrofitted	building?	

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Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Number: Will general acute care services and beds will be re-	Main Building & Additions	ouilding?	
Support Services N/A	socated to a new, Existing of Tetrofitted t	ounding:	
Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Number: Will general acute care services and beds will be reconstructed by the service of the service	Main Building & Additions elocated to a new, Existing or retrofitted by	puilding?	
Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Number: Will general acute care services and beds will be recentral Plant N/A	Main Building & Additions elocated to a new, Existing or retrofitted by	puilding?	

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						ng or retrofitted building and any co eplace" per Section 130061(c)(2)(E	
Building Number: Will general a	BLD-0		ding Name:	Main Building & Additions elocated to a new, Existing or	r retrofitted	building?	
Pediatric			new building		Tellonited		

Community Memorial Hospital - San Buenaventura Report Year: 2019 11159 Ventura Page:30 of 65 No data reported for Section 130061(c)(3).

port Year: 201	9 11159 Comn	nunity Memorial	Hospital - San Buena	aventura	Ventura		Page:31 of 65	
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-00585 Building Name: Goodyear Wing								
Type of Service	Provided	. –						
			Surgical	Х	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia					
	IntensiveCare		Wilder Cold	X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol		Clinical Lab				Outpatient	
	escent Psychiatric		Radiological/ Imaging	Х	Newborn/ WellBaby		Surgery	
	Nursing		Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:32 of 65 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-00586 Building Name: Main Building & Additions									
Type of Service	Provided								
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing	X	Anesthesia				Decel District		
	IntensiveCare			Ш	Obstetrical Recovery		Renal Dialysis		
X	Pediatric/Adol escent		Clinical Lab		Newborn/	Х	Outpatient Surgery		
	Psychiatric	X	Radiological/ Imaging]	WellBaby				
	Nursing		Pharmaceutical		Emergency	X	Central Plant		
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care	X	Administration						
	Skilled Nursing								

Report Year: 201	19 11159 Comm	nunity Memoria	l Hospital - San Buer	naventura	Ventura		Page:33 of 65		
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-00587 Building Name: Gift Shop									
Type of Service	e Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia				Daniel Dielveie		
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing		Imaging		·				
			Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care		Administration						
	Skilled Nursing								

eport Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:34 of 65 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)								
ilding Number:	BLD-00588	Building Name: W	est Wing & Addition					
Type of Service Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
X	IntensiveCare	X	Clinical Lab	Ш	Obstetrical Recovery		rtenai Diaiysis	
	Pediatric/Adol escent				Newborn/		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		WellBaby			
	-		Pharmaceutical	X	Emergency	Х	Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 2019 11159	Community Memorial Hospital - Sar	n Buenaventura Ventura	Page:35 of 65						
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-00585 Building Name: Goodyear Wing									
Configuration: Remove from GAC service by 1/1/2020									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Dietetic								
Skilled Nursing	Administration	Nuclear Medicine	Support Services						

Report Year: 20	11159 C	ommunity M	lemorial Hospital - San	Buenave	ntura Ventura		Page:36 of 65		
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-00586 Building Name: Main Building & Additions									
Configuration: Remove from GAC service by 1/1/2030									
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery		
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ermediate		Dietetic		Lineigency		entar fant		
Ca	are illed Nursing		Administration		Nuclear Medicine		Support Services		
ш •									

Report Year: 20	11159	Community M	lemorial Hospital - San	Buenave	entura Ventura		Page:37 of 65	
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-00587 Building Name: Gift Shop								
Configuration: Remove from GAC service by 1/1/2020								
Type of Service	Provided							
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support	
Sk	illed Nursing		Administration				Services	

Report Year: 2019	11159 Comn	nunity Memorial Hospital -	San Buenaventura	Ventura		Page:38 of 65		
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-00588 Building Name: West Wing & Addition								
Configuration: Remove from GAC service by 1/1/2030								
Type of Service Pr	ovided							
Nursir	ng	Surgical		stetrical carean/Deliv		nabilitation erapy		
Intens	siveCare	Anesthesia		stetrical covery	Rer	nal Dialysis		
Pedia escen	tric/Adol it	Clinical Lab	Nec	Overy				
Psych Nursir		Radiological/ Imaging		vborn/ lBaby		patient gery		
Obste Ante/F	etrical Postprtum	Pharmaceutical	☐ Eme	ergency	☐ Cer	ntral Plant		
	nediate	Dietetic						
Care	d Nursing	Administration	Nuc	lear Medicine		pport rvices		
	ı							

Report Year: 2019	Community M	lemorial Hospital - San B	uenave	ntura Ventura		Page:39 of 65		
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-	00589 Building Na	me: South Wing						
Configuration: N/A								
Type of Service Provi	ded							
Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy		
Intensive	Care	Anesthesia		Obstetrical Recovery	R	enal Dialysis		
Pediatric/ escent	'Adol	Clinical Lab		Recovery				
Psychiatr Nursing	ic	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery		
Obstetrica Ante/Pos		Pharmaceutical		Emergency	Пс	entral Plant		
Intermedi	iate	Dietetic	_	Linergency		All al a		
Care Skilled No	ursing	Administration		Nuclear Medicine		Support Services		
<u> </u>	I							

Report Year:	2019 11159	Community Mem	orial Hospital - San B	uenave	ntura Ventura		Page:40 of 65	
Report the fina requirements per Section 13	whether by retrofit or by	ildings on the hos replacement and	pital campus showing the type of service th	g how ea	ach building will comply v e provided in each gene	vith the SPC-5/ ral acute care h	NPC-4 or 5 ospital building	
Building Numl	ber: BLD-00590	Building Name:	North Wing & OB/G	Syn Add	ition			
Configuration: N/A								
Type of Se	rvice Provided							
	Nursing	Su	rgical		Obstetrical Cesarean/Deliv		habilitation erapy	
	IntensiveCare	An	esthesia		Obstetrical Recovery	Re	nal Dialysis	
	Pediatric/Adol escent	СІ	inical Lab		Recovery			
	Psychiatric Nursing		adiological/ aging		Newborn/ WellBaby		tpatient gery	
	Obstetrical Ante/Postprtum	Pr	narmaceutical		Emergency		ntral Plant	
	Intermediate	Di-	etetic		Lineigency		illiai Flaiil	
	Care Skilled Nursing	Ac	dministration		Nuclear Medicine		pport rvices	
		I						

Report Year:	2019 11159	Community Mem	norial Hospital - San B	uenave	ntura Ventura		Page:41 of 65	
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-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition								
Configuration: Remove from GAC service by 1/1/2030								
Type of Ser	vice Provided							
	Nursing	Su Su	urgical		Obstetrical Cesarean/Deliv		ehabilitation erapy	
	IntensiveCare	Ar	nesthesia		Obstetrical Recovery	Re	enal Dialysis	
	Pediatric/Adol escent	c	linical Lab		Recovery			
	Psychiatric Nursing		adiological/ naging		Newborn/ WellBaby		utpatient rgery	
	Obstetrical Ante/Postprtum	P	harmaceutical		Emergency	□ Ce	entral Plant	
	Intermediate		ietetic					
	Care Skilled Nursing	A	dministration		Nuclear Medicine		upport ervices	
		•						

Report Year: 201	11159 Co	mmunity M	lemorial Hospital - San E	Buenave	ntura Ventura		Page:42 of 65	
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-00592 B	uilding Nar	me: E.R. Addition					
Configuration: Remove from GAC service by 1/1/2030								
Type of Service I	Provided							
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	nsiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis	
Ped	liatric/Adol ent		Clinical Lab		Recovery			
	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery	
	stetrical		Pharmaceutical	_				
And	e/Postprtum			Ш	Emergency		Central Plant	
Inte Car	rmediate e		Dietetic		Nuclear Medicine		Support Services	
Skill	led Nursing		Administration				Services	

eport Year:	2019 11159	Community N	lemorial Hospital - Sa	n Buenave	entura Ventura		Page:43 of 65
	ether by retrofit or by r				ach building will comply be provided in each gen		
uilding Number	: BLD-00593	Building Na	me: Emergency Ger	nerator Bui	lding		
Configuration: N/A							
Type of Servi	ce Provided						
ı	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration	Ш	Nuclear Medicine	Ш	Support Services

Report Year:	2019 11159	Community Memorial Hospital -	San Buenaventura	Ventura	Page:44 of 65			
Report the fir requirements per Section 1	whether by retrofit or by	ildings on the hospital campus s replacement and the type of se	howing how each buil rvice that will be provi	ding will comply with the S ded in each general acute	PC-5/NPC-4 or 5 care hospital building			
Building Num	ber: BLD-03250	Building Name: E.R. Addition	n Bridge					
Configuration: N/A								
Type of Se	ervice Provided							
	Nursing	Surgical	Obste Cesar	trical ean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Anesthesia	Obste Recov		Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab	Necov	GIY				
	Psychiatric Nursing	Radiological/ Imaging	Newbo WellB:		Outpatient Surgery			
	Obstetrical Ante/Postprtum	Pharmaceutical	Emerg	nency -	Central Plant			
	Intermediate	Dietetic		,c.i.oy	Contract land			
	Care Skilled Nursing	Administration	Nuclea	ar Medicine	Support Services			
	-	I						

Report Year:	2019 11159	Community Memorial Hospital - S	San Buenaventura	Ventura	Page:45 of 65
Report the fir requirements per Section 1	whether by retrofit or by	lldings on the hospital campus sh replacement and the type of serv	owing how each bui rice that will be provi	lding will comply with the ded in each general acut	SPC-5/NPC-4 or 5 e care hospital building
Building Num	ber: BLD-03251	Building Name: Service Buildi	ng		
Configuration	on: N/A	<u> </u>			
Type of Se	ervice Provided				
	Nursing	Surgical	Obste Cesar	etrical rean/Deliv	Rehabilitation Therapy
	IntensiveCare	Anesthesia	Obste		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	110001	voly	
	Psychiatric Nursing	Radiological/ Imaging	Newb WellB		Outpatient Surgery
	Obstetrical Ante/Postprtum	Pharmaceutical	☐ Emerg	ronov –	Central Plant
	Intermediate	Dietetic		gency	J Central Flant
	Care Skilled Nursing	Administration	Nucle	ar Medicine	Support Services
	Sianoa ranomy	1			

Report Year: 2019 11159	Community Memorial Hospital - Sa	n Buenaventura Ventura	Page:46 of 65					
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-03252	Building Name: Bridge Addition							
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Receivery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate	Dietetic	Emergency	Central Plant					
Care	Administration	Nuclear Medicine	Support Services					
Skilled Nursing	_							

Report Year: 2019 11159	Community Memorial Hospital - Sa	an Buenaventura Ventura	Page:47 of 65					
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-03253	Building Name: Brent Street Bri	idge						
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate	Dietetic							
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services					
	1							

Report Year: 2019	11159 C	ommunity Men	norial Hospital - San Buenaver	ntura Ventura	Page:48 of 65
Include information on 4D and SPC-5 per Sec			by type of Service provided by	/ buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-00589	Building N	lame: South Wing		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year:	2019	11159 C	Community Mem	orial Hospit	al - San Buenaventı	ura	Ventura		Page:49 of 65
	formation on the PC-5 per Section			by type of S	ervice provided by t	ouildir	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building N	Number: BLD	-00590	Building Na	ame: No	rth Wing & OB/Gyn	Additi	on		
Type of	Service Provi	ded							
X Nu	rsing	Inpatient Beds	15	X	Surgical	[Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare	Inpatient Beds	16	X	Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	[X Obstetrical Recovery		Renal Dialysis
Psy Nui	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	[X Emergency		Central Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic	[Nuclear Medicine		Support Services
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		31						

Report Year: 2019	11159	Community Mem	orial Hospital - San Bue	enaventura Ventura	Page:50 of 65
Include information o 4D and SPC-5 per Se	n the number of ection 130061(of inpatient beds (e)	by type of Service provi	ded by buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: B	LD-00591	Building N	ame: Ambulatory Sui	rgery & OB/Gyn Addition	
Type of Service Pro	ovided				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiologica Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient n Beds	0	Pharmaceu	itical Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administrat	tion	
Total Beds this Building	3	0			

Report Year:	2019	11159 Co	mmunity Mer	norial Hospit	tal - San Buenaventura	Ventura		Page:51 of 65
		he number of ii ion 130061(e)	npatient beds	by type of S	Service provided by build	lings that are classified as	SPC-2, SI	PC-3, SPC-4, SPC-
Building N	umber: BLD	-00592	Building N	Name: E.F	R. Addition]
Type of S	Service Provi	ided						
Nur	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
Inte	nsiveCare	Inpatient Beds	0		Anesthesia			
Ped	liatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psy Nur	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Сег	ntral Plant
Inte	rmediate e	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Ser	pport vices
Skil	led Nursing	Inpatient Beds	0		Administration			
	al Beds this ding		0					

Report Year: 2019	11159	Community Mem	norial Hospital - San Buenavent	ura Ventura	Page:52 of 65
Include information of 4D and SPC-5 per Se	n the number of ection 130061(of inpatient beds (e)	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-00593	Building N	lame: Emergency Generator	Building	
Type of Service Pro	ovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtun	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2019	11159	Community Memo	rial Hospital - San Buenaven	tura	Page:53 of 65
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03250	Building Nar	me: E.R. Addition Bridge		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year: 20	19 11159	Community Men	norial Hospital - San Buenavent	ura Ventura	Page:54 of 65
Include information 4D and SPC-5 per	on on the number of er Section 130061(e	f inpatient beds	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	: BLD-03251	Building N	Name: Service Building		
Type of Service	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia		
Pediatric/A escent	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	lnpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postp		0	Pharmaceutical	Emergency	X Central Plant
Intermedia Care	ite Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nui	rsing Inpatient Beds	0	Administration		
Total Beds Building	s this	0			

Report Year: 20	19 11159	Community Men	norial Hospital - San Buenaventu	ıra Ventura	Page:55 of 65
Include information 4D and SPC-5 pe	on on the number of er Section 130061(e	f inpatient beds	by type of Service provided by b	ouildings that are classified a	s SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-03252	Building N	lame: Bridge Addition		
Type of Service	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia		
Pediatric/A escent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postp		0	Pharmaceutical	Emergency	Central Plant
Intermedia Care	te Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nur	rsing Inpatient Beds	0	Administration		
Total Beds Building	this	0			

eport Year: 2019	11159	Community Memo	rial Hospital - San Buenaven	Ventura	Page:56 of 65
Include information or 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	.D-03253	Building Nar	me: Brent Street Bridge		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:

2019

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Community Memorial Hospital - San Buenaventura

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Include information on the number of innatient beds by type of unit provided by buildings that are classified as SPC-2_SPC-3_SPC-4_S

Building Number:	BLD-00589	Building Name:	South Wing		
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		Intensive Ca Nursery	are Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitati Center	on	Int. Care / Develop Disabled	nentally
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical D	ependency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0

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

Building Number:	BLD-00590	Building Name:	North Wing & OB/Gyn Add	dition
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric
Inpatient 15 Bed	Inpatient Days	2399 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Ca Nursery	are Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	283 Inpatient Bed	16 Inpatient 3237 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitati Center	on	Int. Care / Developmentally Disabled
Inpatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical D	ependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service

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

4D and SPC-5 per Section 130061(e)						
Building Number:	BLD-00591	Building Name:		Ambulatory Surgery & OB/Gyn Addition		
Medical / Surgical (Include GYN)			Acute Respiratory Care			Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N		Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery			Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center			Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency			Total Beds this Building Per Building Per	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Unit Service 0

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:60 of 65 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-00592 E.R. Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:61 of 65 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-00593 **Emergency Generator Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Burn Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days ol 0

Report Year: 2019 11159 Community Memorial Hospital - San Buenaventura Ventura Page:62 of 65 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-03250 E.R. Addition Bridge **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Burn Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

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Bed

Inpatient

Days

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