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

Facility Number:	10184	
Facility Name:	St. Josep	oh Hospital - Eureka
Address:	2700 Dol	beer Street
City:	Eureka	
Hospital Owner/Lice	ensee:	St. Joseph Hospital / St. Joseph Health System
Year of Rep	oorting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Bill Eveloff
Submission	n Date:	1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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
01	Original Hospital and Central Plant	2700 Dolbeer Street	Replace	SPC5	01/01/2013	12/31/2012

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For each building which is planned for retrofitting 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: 01	Original Hospital and Central Plant		Retrofit Project	/Replaceme	nt Y	es-Submitte	d
Facility Project Sub Number Number Num	Scope	Date Plan in	Approved Date	Proj. Start F Date	Proj. Complete Date	d Status	CEQA Review
10184 HS050197	0 NORTHEAST BUILDING ADDITION	01/24/2005	03/19/2008	3 10/12/2007	12/31/2011	OPEN	No

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

Building Number: 01 Building Name: Original Hospital and Central Plant								
Type of Service Provided								
X Nursing	Inpatient Beds	53 Inpatient 7380 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery				
		Total Beds this Building 53	Cesarean/Deliv	X Central Plant				

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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:	01	Building Name: Orig	inal Hospital and Centr	al Plant	
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 53 Bed	Inpatient 7380 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 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 / developn Disabled	nent
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	53	53

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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
01	Original Hospital and Central Plant	
02	Linear Accelerator (Phase II)	
03	Phase III Addition Building	
04	Emergency Entrance Vestibule	
05	Radiation Oncology Addition	
06	Heart Center	
07	East Wing	
08	Emergency Entrance Vestibule Add.	$\overline{\square}$
09	Emergency Generator #1 CMU Building	$\overline{\square}$
10	Emer. Generator #2 Enclosure Shed	
		<del></del>

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

Building Number:	01 Buildi	ng Name:	riginal Hospital and (	Central Plant		
Type of Service	e Provided	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing IntensiveCare	X	Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Recovery	X	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Obstetrical		Pharmaceutical	Emergency	X	Central Plant
	Ante/Postprtum	X	Dietetic	Nuclear Medicine	Х	Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

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

Building Number:	Building Number: 01 Building Name: Original Hospital and Central Plant								
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ing					
Type of Servi	ce Provided								
X 1	Nursing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	Х	Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate	X	Dietetic				Control Flant		
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Building Number	er: 02	Building Na	me: Linear Accelerate	or (Phase	II)	
Configuration	N/A					
Type of Ser	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	er: 03	Building Na	me: Phase III Addition	n Building			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	П	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery	<u> </u>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care		Dietetic				Comment
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	04	Building Na	me: Emergency Enti	rance Vesti	bule		
Configuration .	N/A						
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	itermediate		Dietetic		Lineigonoy	_	Contact Tank
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	05	Building Nar	me: Radiation Onco	logy Addition	on	
Configuration .	N/A					
Type of Service	e Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic		Emergency	Cential Flatit
	are		Administration		Nuclear Medicine	Support Services
Sk	killed Nursing		Auministration			

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Building Numb	er: 06	Building Na	me: Heart Center			
Configuratior	N/A					
Type of Ser	vice Provided					
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration	Ш	Nuclear Medicine	Support Services

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Building Number:	07	Building Na	me: East Wing				
Configuration :	N/A						
Type of Service	e Provided						
X No	ursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X In	tensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	X	Pharmaceutical		Emergency	$\overline{\mathbf{x}}$	Central Plant
☐ In	termediate		Dietetic		Lineigency		Contract faint
	are killed Nursing		Administration		Nuclear Medicine		Support Services
	ca rtaroning						

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Building Numbe	er: 08	Building Na	me: Emergency Entr	ance Vesti	bule Add.	
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	rice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate Care		Dietetic			Comment
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number:	09	Building Na	me: Emergency Ge	nerator #1 (	CMU Building		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	er: 10	Building Na	me: Emer. Generator	#2 Enclo	sure Shed		
Configuration:	N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number: 02											
Type of Service Provided											
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	Pharmaceutica	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0	Administration								
Total Beds this Building		0									

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Building N	Building Number: 03 Building Name: Phase III Addition Building											
Type of	Type of Service Provided											
Nur	rsing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X Inte	ensiveCare	Inpatient Beds	8	X	Anesthesia							
1 1	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis					
	/chiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Central Plant					
Inte	ermediate re	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services					
Skil	lled Nursing	Inpatient Beds	0		Administration							
	al Beds this Iding		8									

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Building Number: 04											
Type of Service Provided											
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	A	nesthesia							
Pediatric/Adol escent	Inpatient Beds	0	С	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	_ P	Pharmaceutical	X Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient Beds	0	A	dministration							
Total Beds this Building		0									

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Building Number: 05											
Type of Service Provided											
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0	Administration								
Total Beds this Building		0									

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Building Number: 06	Building Number: 06 Building Name: Heart Center											
Type of Service Pro	Type of Service Provided											
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	X	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0		Administration								
Total Beds this Building		0										

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Buildi	ng Number: 07								
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	66		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	5		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	14	X	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		85						

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Building Number: 08 Building Name: Emergency Entrance Vestibule Add.									
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
П	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Building Number:	Building Number: 09 Building Name: Emergency Generator #1 CMU Building							
Type of Service	Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCa	are Inpatient Beds	0		Anesthesia				
Pediatric/Adescent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postpi	Inpatient rtum Beds	0		Pharmaceutical	Emergency	X Central Plant		
Intermediat Care	e Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nurs	sing Inpatient Beds	0		Administration				
Total Beds Building	this	0						

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Building Nu	mber: 10	Building	g Name: En	ner. Generat	or #2 Enclosure She	ed			
Type of Se	Type of Service Provided								
Nursi	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Inten	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escel	atric/Adol nt	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psyc Nursi	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	etrical 'Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
Interr Care	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skille	ed Nursing	Inpatient Beds	0		Administration				
Total Build	Beds this ing		0						

Report Status: **Data Last Update:** 01/13/2012 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:45 PM

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Building Number:	2 Build	ing Name: Linea	r Accelerator (Phase II)		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	Inpatient 0 Days	0	0

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Building Number:	3 Build	ing Name: Phas	se III Addition Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 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 / develop Disabled	ment
Inpatient 4 Bed	Inpatient 962 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 4 Bed	Inpatient 943 Days	Inpatient 0 Bed	Inpatient 0 Days	8	8

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Building Number:	Build	ing Name: Emer	gency Entrance Vestibule	e		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory (	Care	Acute Psychiatric	Datient 0 Inpatient 0 Days  Datient 0 Days  Datient 0 Days  Datient 0 Days	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed		
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed		
Pediatric		intensive Care New Nursery	/born	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed		
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed		
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	0	0	

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Building Number:	5 Build	ing Name: Radi	iation Oncology Addition		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	ratory Care Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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	0	0

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Building Number:	Build	ing Name: Hear	t Center		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		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 / development Disabled	
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	0	0

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Building Number: 0	7 Build	ing Name: East	Wing			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric		
Inpatient 66 Bed	Inpatient 17021 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 14 Bed	Inpatient 1819 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 5	Inpatient 757 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	Bed Days Land	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	Inpatient 0 Days	85	85	

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Building Number:	08 Build	Building Name: Emergency Entrance Vestibule Add.				
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		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 / develop	Int. Care / development Disabled	
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	0	0	

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Building Number:	09 Build	Building Name: Emergency Generator #1 CMU Building			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	0	0

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Building Number:	10 Build	Building Name: Emer. Generator #2 Enclosure Shed			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Intermediate Card Nursery			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	0	0