Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:1 of 44

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

Facility Number:	10295	
Facility Name:	Frank R	Howard Memorial Hospital
Address:	1 Madro	ne Street
City:	Willits	
Hospital Owner/Lice	ensee:	Willits Hospital Inc. dba Frank R. Howard Memorial Hospital
Year of Rep	orting:	2011
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Frank R. Howard Memorial Hospital - 10295
Submission	Date:	1/30/2012 9:02:03 AM

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:2 of 44

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	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
02	Radiology	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
03	Plant Operations	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
05	Administration	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
07	Materials Management	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
08	Medical Records	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
09	CT Trailer	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014
10	Сапору	1 Madrone Street	Replace	SPC5	01/01/2013	07/01/2014

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:3 of 44

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	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10295 HS102235 0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/2014 OPEN No
Building No: 02 Radiology	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10295 HS102235 0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/2014 OPEN No
Building No: 03 Plant Operations	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Plant Operations Facility Project Sub Scope Number Number Num	· · · · · · · · · · · · · · · · · · ·
Facility Project Sub Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Scope Number Num 10295 HS102235 0 REPLACEMENT HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA Review 11/16/2010 06/15/2012 06/15/2014 OPEN No Retrofit/Replacement Yes-Submitted

Report Year: 2011	10295 Frank R Howard Memorial H	ospital	Page:4 of 44
Building No: 07	Materials Management	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
10295 HS102235	0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/2	014 OPEN No
Building No: 08	Medical Records	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
10295 HS102235	0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/2	014 OPEN No
Building No: 09	CT Trailer	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
10295 HS102235	0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/2	014 OPEN No
Building No: 10	Canopy	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
10295 HS102235	0 REPLACEMENT HOSPITAL	11/16/2010 06/15/2012 06/15/20	014 OPEN No

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:5 of 44

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

Building Number: 01	Buildi	ing Name: Original Hospital		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 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	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:6 of 44

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

Building Number: 02	Buildi	ng Name: Radiology		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:7 of 44

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

Building Number: 03	Buildi	ng Name: Plant Operations		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:8 of 44

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

Building Number: 05	Buildir	ng Name: Administration		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Ocsaicai // Deliv	Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:9 of 44

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

Building Number: 07	Buildi	ng Name: Materials Management		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal/Deliv	Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:10 of 44

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

Building Number: 08	Buildir	ng Name: Medical Records		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesalean/Deliv	Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:11 of 44

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

Building Number: 09	Buildi	ng Name: CT Trailer		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	JOSAI GAII/ DOIIV	Central Plant

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:12 of 44

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

Building Number: 10	Buildi	ng Name: Canopy		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical 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 Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:13 of 44

Building Number:	01 Bui	Iding Name: Orig	ginal Hospital			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	y Care	Acute Psychiatric		
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
	npatient 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	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:14 of 44

Building Number:	02	Building Name: Rac	liology			
Medical / Surgical	(Include GYN)	Acute Respirator	y 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 Ne 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 / 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	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:15 of 44

Building Number:	03	Building Name:	lant Operations			
Medical / Surgical	(Include GYN)	Acute Respirato	ory 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 Nursery	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	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:16 of 44

Building Number:	05	Building Name: Ad	ministration			
Medical / Surgical	(Include GYN)	Acute Respirator	ry 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 No Nursery	ewborn	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	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:17 of 44

Building Number:	07	Building Name:	Materials Management			
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nursery	Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 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 C 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 C	Inpatient 0 Days	0	0	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:18 of 44

Building Number:	08	Building Name: Med	lical Records			
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 New Nursery	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	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:19 of 44

Building Number:	09	Building Name:	CT Trailer			
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nursery	Newborn	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	

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:20 of 44

Building Number:	10	Building Name:	Canopy		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency			Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:21 of 44

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	
02	Radiology	
03	Plant Operations	
04	Nursing Unit	
05	Administration	
06	Operating Rooms	
07	Materials Management	
08	Medical Records	
09	CT Trailer	
10	Canopy	

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:22 of 44

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:23 of 44

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

Report Year:	2011	10295	Frank R Howard Memorial Hospital	V	Willits	Page:24 of 44
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Building Number:	02	Building Name:	Radiology		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
П	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	, [Clinical Lab		Outpatient
	escent	X		Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging		
			Pharmaceutical	Emergency	Central Plant
Ш	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine	Support Services
	Intermediate				
Ш	Care		Administration		
	Skilled Nursin	g			

Report Year:	2011	10295		Frank R Howard Memorial Hospital		Willits	Page:25 of 44
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Building Number:	03	Building Name:	Plant (Operations				
Type of Service	e Provided							
			Su	rgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		An	esthesia				
	IntensiveCare		_			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol	. _	Cli	nical Lab				Outpatient
				ndiological/ aging	Ш	Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing		_	armaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m				Nuclear		Support
	, and, octored		Die	etetic		Medicine		Services
	Intermediate Care		Ad	lministration				
П	Skilled Nursin	g						

Report Year:	2011	10295	Frank R Howard Memorial Hospital	1	Willits	Page:26 of 44
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Building Number:	05	Building Name:	Administration		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adolescent	, L	Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	ım		Nuclear	Support
	, into/1 cotpitu		Dietetic	Medicine	Services
	Intermediate Care]		
	2 2 0		X Administration		
	Skilled Nursin	ng			

Report Year:	2011	10295	Frank R Howard Memorial Hospital		Willits	Page:27 of 44
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Building Number:	07	Building Name:	М	aterials Management					
Type of Service	e Provided								
		[Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare			Airestriesia		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	, l		Clinical Lab				Outpatient	
_	escent	[Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m				Nuclear	X	Support	
	, into/1 ootpitu	··· [Dietetic	_	Medicine		Services	
	Intermediate Care			Administration					
	Skilled Nursin	g							

Report Year:	2011	10295	Frank R Howard Memorial Hospital		Willits	Page:28 of 44
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Building Number:	08	Building Name:	Medical Records	3			
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	,			Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol	ı L	Clinical Lab			Outpatient	
	escent		Radiological/ Imaging	,	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing		Pharmaceuti	cal	Emergency	Central Plant	
	Obstetrical Ante/Postprtu	m		П	Nuclear	Support	
	,,		Dietetic	_	Medicine	Services	
	Intermediate Care	X	Administration	on			
П	Skilled Nursin	ng					

Report Year:	2011	10295		Frank R Howard Memorial Hospital		Willits	Page:29 of 44
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Building Number:	09	Building Name:	CT Tra	ler			
Type of Service	e Provided						
			Sur	gical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Ane	sthesia			
	IntensiveCare			ourooid		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	,	Clir	ical Lab			Outpatient
	escent			liological/ ging	Ш	Newborn/ WellBaby	Surgery
	Psychiatric Nursing			ırmaceutical		Emergency	Central Plant
	Obstetrical Ante/Postprtu	m .				Nuclear	Support
	·		Die	tetic		Medicine	 Services
	Intermediate Care		Adr	ninistration			
П	Skilled Nursin	g					

Report Year:	2011	10295		Frank R Howard Memorial Hospital		Willits	Page:30 of 44
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Building Number:	10	Building Name:	Canopy			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation rapy
	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery	Rena	al Dialysis
П	Pediatric/Ado escent	, [Clinical Lab			patient
	escent		Radiological/ Imaging	Newborn/ WellBaby	∟ Surg	jery
	Psychiatric Nursing		Pharmaceutical	Emergency	Cent	tral Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Supp	port
	, into/i ootpitu	··· [Dietetic	Medicine	Serv	rices
	Intermediate Care		Administration			
	Skilled Nursin	g				

Report Year:	2011	10295	Frank R Howard Memorial Hospital] [Willits	Page:31 of 44
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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	r: 01	Building Na	me: Original Hospital					
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building					
Type of Serv	Type of Service 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		Central Plant	
	Intermediate	X	Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year:	2011 10295	Frank R Howard Memorial Hospital	Willits	Page:32 of 44
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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	T: 02	Building Na	me: Radiology			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng		
Type of Servi	ice 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		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:33 of 44

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:	03	Building Na	me: Plant Operations	6			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		E		Ocatasi Dicat
	ntermediate		Dietetic		Emergency	X	Central Plant
	are				Nuclear Medicine		Support Services
S	killed Nursing		Administration				

Report Year:	2011	10295	Frank R Howard Memorial Hospital	Willits	Page:34 of 44
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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 Numbe	er: 04	Building Na	me: Nursing Unit				
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng			
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	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		Dietetic	<u></u>		_	ooarrian
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:35 of 44

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:	05	Building Na	me: Administration			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding		
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical			Central Plant
	ntermediate		Dietetic		Emergency	Central Plant
	are				Nuclear Medicine	Support Services
S	killed Nursing		Administration			

Report Year:	2011	10295	Frank R Howard Memorial Hospital	Willit	S	Page:36 of 44
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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	: 06	Building Nai	me: Operating Rooms				
Configuration	Replace with new	SPC 5 and N	IPC 4 or NPC 5 building				
Type of Service 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				Connect
	Skilled Nursing		Administration		Nuclear Medicine	Ш	Support Services

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:37 of 44

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	er: 07	Building Na	me: Materials Manage	ement			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Serv	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		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing		Administration		Nuoidai Medicille		Services

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:38 of 44

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:	08	Building Na	me: Medical Records			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	g		
Type of Service	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic		Lineigonoy	Contract Figure
	Care Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

Report Year:	2011 10295	Frank R Howard Memorial Hospital	Willi	its	Page:39 of 44
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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:	09	Building Na	me: CT Trailer			
Configuration Replace with new		SPC 5 and N	NPC 4 or NPC 5 buildi	ing		
Type of Service	e Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric Iursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic			oo.mar ran
	care skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011	10295	Frank R Howard Memorial Hospital		Willits	Page:40 of 44
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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 Numb	er: 10	Building Na	me: Canopy					
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building					
Type of Ser	Type of Service 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		Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:41 of 44

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: 04 Building Name: Nursing Unit									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	34		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	4		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	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		38						

Report Year: 2011 10295 Frank R Howard Memorial Hospital Willits Page:42 of 44

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: 00								
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/Postprtur	Inpatient n 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	S	0						

Report Status: **Data Last Update**: 12/05/2011 **Submission Date**: 01/30/2012 **Print Date**: 1/30/2012 12:45 PM

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:43 of 44

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:	04 E	Building Name: Nur	sing Unit		
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 34 Bed	Inpatient 4848 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 4 Bed	Inpatient 548 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	38	25

2011

10295

Frank R Howard Memorial Hospital

Willits

Page:44 of 44

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:	6 Build	ing Name: Operating	Rooms		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care)	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day		Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day	1 ~1	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	n	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa		Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa		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 Inpa	atient 0	0	0