Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:1 of 27

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

Facility Number:	10301	
Facility Name:	Mendoci	no Coast District Hospital
Address:	700 Rive	er Drive
City:	Fort Bra	<del>3</del> 9
Hospital Owner/Lic	ensee:	Mendocino Coast Health Care District
Year of Rep	porting:	2011
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter:	David Killion
Submission	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:2 of 27

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.	<b>Building Name</b>	Alternate Building Address	Building Resolution	Final SPC Ratin If Required	g Extension Date	Anticipated Completion Date
02	Central Plant	700 River Drive	Retrofit	SPC2	01/01/2013	06/01/2012

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:3 of 27

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: 02	Central Plant		Retrofit Project	t/Replaceme :	ent Y	es-Submitte	d
Facility Number	Project Sub Number Num	Scope	Date Plan in	Approved Date	Proj. Start   Date	Proj. Complete Date	ed Status	CEQA Review
10301	HS021153	0 SPC 1 CENTRAL PLANT PARTIAL RENOVATION	05/15/2002	08/12/2003	3 09/12/2003	3 10/01/2011	OPEN	No

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:4 of 27

## 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: Central Plant		
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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:5 of 27

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

Medical / Surgical (Include GYN)  Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days  Acute Respiratory Care  Inpatient 0 Inpatient 0 Inpatient 0 Days	patient 0
Perinatal (excluse Newborn / GYN)  Burn  Skilled Nursing	
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days	patient 0
Pediatric intensive Care Newborn Intermediate Card Nursery	
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days	patient 0
Intensive Care Rehabilitation Int. Care / development Center Disabled	t
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days	patient 0 ys
Dependency Building Per Buil	otal Beds this uilding Per ervice
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days	0

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:6 of 27

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	Main Hospital	
02	Central Plant	
03	Respiratory Neurophysiology Lab	
04A	Emergency Addition - East	
04B	Emergency Addition - West	
05	Emergency Generator Shelter	
06	X-Ray File Storage	

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:7 of 27

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:8 of 27

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:	02 Bu	ilding Name: Central Plant			_
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal D	ialysis
	Pediatric/Adol escent	Clinical Lab		Outpatie	ent
		Radiological/ Imaging	Newborn/ WellBaby	□ Surgery	
Ш	Psychiatric Nursing	Pharmaceutical	Emergency	X Central	Plant
	Obstetrical Ante/Postprtum	_	Nuclear	X Support	
	Ante/i Ostpitum	Dietetic	Medicine	Services	S
	Intermediate Care	A turbur i			
		Administration			
	Skilled Nursing	l			

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:9 of 27

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: Main Hospital							
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5			
Type of Servic	e Provided							
X	lursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X Ir	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
1/ \ 1	Obstetrical nte/Postprtum	X	Pharmaceutical		_			
	ntermediate		Dietetic		Emergency	Ш	Central Plant	
	care	x	Administration	X	Nuclear Medicine	X	Support Services	
S	killed Nursing		Auministration					

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:10 of 27

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: 02 Building Name: Central Plant								
Configuration :	Configuration Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Servi	ce 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	X	Support Services		

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:11 of 27

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: 03 Building Name: Respiratory Neurophysiology Lab							
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	ce Provided							
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ntensiveCare		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	
	ntermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:12 of 27

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: 04A	Building Na	me: Emergency Ad	ldition - East	<u> </u>			
Configuration:	Configuration : Retrofit Conforming building to NPC 4 or NPC 5							
Type of Servi	ice 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	
I I	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:13 of 27

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: 04B Building Name: Emergency Addition - West							
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service	e Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent	X	Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	itermediate		Dietetic		Lineigency		Contract Turk	
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:14 of 27

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: Emergency Ger	nerator She	elter		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	'ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2011	10301	Mendocino Coast District Hospital		Fort Bragg	Page:15 of 27
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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: 06	Building Na	me: X-Ray File Storag	е			
Configuratior	n 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		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10301 Mendocino Coast District Hospital Fort Bragg Page:16 of 27

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)

Buildi	ng Number: 01										
Туре	Type of Service Provided										
X	Nursing	Inpatient Beds	42	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	4	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery				
X	Obstetrical Ante/Postprtum	Inpatient Beds	3	X	Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0	X	Administration						
	Total Beds this Building		49								

Report Year:	2011		10301		Mendocino Coast District Hospital		Fort Bragg	Page:17 of 27
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Buildi	ng Number: 03	Building	Name: Ro	espiratory N	europhysiology Lab		
Тур	e of Service Prov	<u>ided</u>					
X	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: 2011 10301 Mendocino Coast District Hospital Fort Bragg	Page:18 of 27
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Buildi	ing Number: 04A					
Тур	e of Service Prov	<u>rided</u>				
X	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	0	Anesthesia		
X	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			

Report Year:	2011		10301		Mendocino Coast District Hospital		Fort Bragg	Page:19 of 27
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Building Number: 04E										
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	X 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:	2011	10301		Mendocino Coast District Hospital		Fort Bragg	Page:20 of 27
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Building Number: 05					
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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 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			

Report Year:	2011	10301	Mendocino Coast District Hospital	Fort Bragg	Page:21 of 27

Building Numbe								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Intensive(	Care Inpatient Beds	0	Anesthesia					
Pediatric/	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatri Nursing	ic Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrica Ante/Post		0	Pharmaceution	cal Emergency	Central Plant			
Intermedi Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nu	ursing Inpatient Beds	0	Administratio	n				
Total Bed Building	s this	0						

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

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:22 of 27

Building Number:	1 Build	ing Name:	n Hospital		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Acute Respiratory Care		
Inpatient 38 Bed	Inpatient 3444 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 7 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 / develop Disabled	ment
Inpatient 4 Bed	Inpatient 688 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	49	49

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:23 of 27

Building Number:	03 Bu	ilding Name: Resp	piratory Neurophysiology	Lab	
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Pays
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	nt
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
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

10301

Mendocino Coast District Hospital

Fort Bragg

Page:24 of 27

Building Number:	04A Build	ling Name: Eme	rgency Addition - East		
Medical / Surgical (Ir	nclude 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 No	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 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	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

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:25 of 27

Building Number:	04B	Building Name: Emer	rgency Addition - West		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days		npatient 0
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days		npatient 0
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	nt
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0		npatient 0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:26 of 27

Building Number:	D5 Build	ing Name: Eme	rgency Generator Shelter	r		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	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	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 / develop	ment	
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	

2011

10301

Mendocino Coast District Hospital

Fort Bragg

Page:27 of 27

Building Number:	Build	ing Name: X-Ra	ay File Storage		
Medical / Surgical (Inc	clude 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 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	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 / develop	ment
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