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

Facility Number: 10321

Facility Name: Surprise Valley Community Hospital

Address: 741 North Main ; P. O Box 246

City: Cedarville

Hospital Owner/Licensee: Surprise Valley Health Care District

Year of Reporting: 2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: william bostic

Submission Date: 1/29/2012 3:00:00 PM

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
03	Heating and Storage Building	741 North Main ; P. O Box 246	Retrofit	SPC2	01/01/2013	12/31/2012
04	Generator Building	741 North Main ; P. O Box 246	Retrofit	SPC2	01/01/2013	12/31/2012

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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

Building Number: **03**   Building Name: **Heating and Storage Building**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	Inpatient Days	0	☐ Surgical	☐ Obstetrical Recovery
☐ IntensiveCare	Inpatient Beds	0	Inpatient Days	0	☐ Anesthesia	☐ Newborn/ WellBaby
☐ Pediatric/Adolescent	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	
☐ Intermediate Care	Inpatient Beds	0	Inpatient Days	0	☐ Dietetic	☐ Rehabilitation Therapy
☐ Skilled Nursing	Inpatient Beds	0	Inpatient Days	0	☐ Administration	☐ Renal Dialysis
					☒ Support Services	☐ Outpatient Surgery
			Total Beds this Building	0	☐ Obstetrical Cesarean/Deliv	☐ Central Plant

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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: **04** Building Name: **Generator Building**

Type of Service Provided

	Service		Beds		Days
☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☐	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
☐	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
☐	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
☐	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
☐	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building   **0**

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/ Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Support Services

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☒ Central Plant

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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

Building Number: 03   **Building Name:** Heating and Storage Building

Medical / Surgical (Include GYN)

Inpatient Bed [0]   Inpatient Days [0]

Acute Respiratory Care

Inpatient Bed [0]   Inpatient Days [0]

Acute Psychiatric

Inpatient Bed [0]   Inpatient Days [0]

Perinatal (exclude Newborn / GYN)

Inpatient Bed [0]   Inpatient Days [0]

Burn

Inpatient Bed [0]   Inpatient Days [0]

Skilled Nursing

Inpatient Bed [0]   Inpatient Days [0]

Pediatric

Inpatient Bed [0]   Inpatient Days [0]

intensive Care Newborn Nursery

Inpatient Bed [0]   Inpatient Days [0]

Intermediate Card

Inpatient Bed [0]   Inpatient Days [0]

Intensive Care

Inpatient Bed [0]   Inpatient Days [0]

Rehabilitation Center

Inpatient Bed [0]   Inpatient Days [0]

Int. Care / development Disabled

Inpatient Bed [0]   Inpatient Days [0]

Coronary Care

Inpatient Bed [0]   Inpatient Days [0]

Chemical Dependency

Inpatient Bed [0]   Inpatient Days [0]

Total Beds this Building Per Unit

[0]

Total Beds this Building Per Service

[0]

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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: 04   **Building Name:**   Generator Building

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Medical / Surgical (Include GYN)

Inpatient Bed [0]   Inpatient Days [0]

Acute Respiratory Care

Inpatient Bed [0]   Inpatient Days [0]

Acute Psychiatric

Inpatient Bed [0]   Inpatient Days [0]

Perinatal (exclude Newborn / GYN)

Inpatient Bed [0]   Inpatient Days [0]

Burn

Inpatient Bed [0]   Inpatient Days [0]

Skilled Nursing

Inpatient Bed [0]   Inpatient Days [0]

Pediatric

Inpatient Bed [0]   Inpatient Days [0]

intensive Care Newborn Nursery

Inpatient Bed [0]   Inpatient Days [0]

Intermediate Card

Inpatient Bed [0]   Inpatient Days [0]

Intensive Care

Inpatient Bed [0]   Inpatient Days [0]

Rehabilitation Center

Inpatient Bed [0]   Inpatient Days [0]

Int. Care / development Disabled

Inpatient Bed [0]   Inpatient Days [0]

Coronary Care

Inpatient Bed [0]   Inpatient Days [0]

Chemical Dependency

Inpatient Bed [0]   Inpatient Days [0]

Total Beds this Building Per Unit

[0]

Total Beds this Building Per Service

[0]

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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	Main Hospital	
02	Pump House Building	
03	Heating and Storage Building	
04	Generator Building	
05	South Wing Addition	
06	Walk-in Box	

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: 03   Building Name: Heating and Storage Building

Type of Service Provided

☐ Nursing	☐ Surgical
☐ IntensiveCare	☐ Anesthesia
☐ Pediatric/Adolescent	☐ Clinical Lab
☐ Psychiatric Nursing	☐ Radiological/Imaging
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical
☐ Intermediate Care	☐ Dietetic
☐ Skilled Nursing	☐ Administration

☐ Obstetrical Cesarean/Deliv ☐ Rehabilitation Therapy

☐ Obstetrical Recovery ☐ Renal Dialysis

☐ Newborn/WellBaby ☐ Outpatient Surgery

☐ Emergency ☐ Central Plant

☐ Nuclear Medicine ☒ Support Services

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 04   Building Name: Generator Building

Type of Service Provided

☐ Nursing	☐ Surgical
☐ IntensiveCare	☐ Anesthesia
☐ Pediatric/Adolescent	☐ Clinical Lab
☐ Psychiatric Nursing	☐ Radiological/Imaging
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical
☐ Intermediate Care	☐ Dietetic
☐ Skilled Nursing	☐ Administration

☐ Obstetrical Cesarean/Deliv
☐ Obstetrical Recovery
☐ Newborn/WellBaby
☐ Emergency
☐ Nuclear Medicine

☐ Rehabilitation Therapy
☐ Renal Dialysis
☐ Outpatient Surgery
☒ Central Plant
☐ Support Services

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 01   Building Name: Main Hospital

Configuration: Remove from GAC service by 1/1/2030

Type of Service Provided

[X] Nursing	[ ] Surgical	[ ] Obstetrical Cesarean/Deliv	[ ] Rehabilitation Therapy
[ ] IntensiveCare	[ ] Anesthesia	[ ] Obstetrical Recovery	[ ] Renal Dialysis
[ ] Pediatric/Adolescent	[X] Clinical Lab		
[ ] Psychiatric Nursing	[X] Radiological/Imaging	[ ] Newborn/WellBaby	[ ] Outpatient Surgery
[ ] Obstetrical Ante/Postprtum	[X] Pharmaceutical	[X] Emergency	[ ] Central Plant
[ ] Intermediate Care	[X] Dietetic		
[X] Skilled Nursing	[X] Administration	[ ] Nuclear Medicine	[X] Support Services

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 02   Building Name: Pump House Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Pediatric/Adolescent	☐ Clinical Lab		
☐ Psychiatric Nursing	☐ Radiological/Imaging	☐ Newborn/WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical	☐ Emergency	☒ Central Plant
☐ Intermediate Care	☐ Dietetic	☐ Nuclear Medicine	☐ Support Services
☐ Skilled Nursing	☐ Administration		

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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 Name: Heating and Storage Building

Configuration : Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Pediatric/Adol escent	☐ Clinical Lab		
☐ 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 Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 04   Building Name: Generator Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv
☐ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery
☐ Pediatric/Adolescent	☐ Clinical Lab	
☐ Psychiatric Nursing	☐ Radiological/Imaging	☐ Newborn/WellBaby
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical	☐ Emergency
☐ Intermediate Care	☐ Dietetic	☐ Nuclear Medicine
☐ Skilled Nursing	☐ Administration	

☐ Rehabilitation Therapy
☐ Renal Dialysis
☐ Outpatient Surgery
☒ Central Plant
☐ Support Services

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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 Name: South Wing Addition

Configuration : Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Pediatric/Adolescent	☐ Clinical Lab		
☐ Psychiatric Nursing	☐ Radiological/Imaging	☐ Newborn/WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical		
☐ Intermediate Care	☐ Dietetic	☐ Emergency	☐ Central Plant
		☐ Nuclear Medicine	☒ Support Services
☒ Skilled Nursing	☐ Administration		

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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 Name: Walk-in Box

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

☐	Nursing	☐	Surgical	☐	Obstetrical Cesarean/Deliv	☐	Rehabilitation Therapy
☐	IntensiveCare	☐	Anesthesia	☐	Obstetrical Recovery	☐	Renal Dialysis
☐	Pediatric/Adolescent	☐	Clinical Lab				
☐	Psychiatric Nursing	☐	Radiological/ Imaging	☐	Newborn/ WellBaby	☐	Outpatient Surgery
☐	Obstetrical Ante/Postprtum	☐	Pharmaceutical	☐	Emergency	☐	Central Plant
☐	Intermediate Care	X	Dietetic				
☐	Skilled Nursing	☐	Administration	☐	Nuclear Medicine	☐	Support Services

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: **01**   Building Name: **Main Hospital**

Type of Service Provided

	Type		Beds		Service
[X]	Nursing	Inpatient Beds	0	[ ]	Surgical
[ ]	IntensiveCare	Inpatient Beds	0	[ ]	Anesthesia
[ ]	Pediatric/Adolescent	Inpatient Beds	0	[X]	Clinical Lab
[ ]	Psychiatric Nursing	Inpatient Beds	0	[X]	Radiological/Imaging
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	[X]	Pharmaceutical
[ ]	Intermediate Care	Inpatient Beds	0	[X]	Dietetic
[X]	Skilled Nursing	Inpatient Beds	0	[X]	Administration

Additional services:

- [ ] Surgical
- [ ] Anesthesia
- [X] Clinical Lab
- [X] Radiological/Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [X] Administration

- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/WellBaby
- [X] Emergency
- [ ] Nuclear Medicine

- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

Total Beds this Building: 0

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: **02** Building Name: **Pump House Building**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☐ Skilled Nursing	Inpatient Beds	0	

Total Beds this Building: 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☒ Central Plant

☐ Support Services

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

Building Number: **05**   Building Name: **South Wing Addition**

Type of Service Provided

☐ Nursing	Inpatient Beds	0
☐ IntensiveCare	Inpatient Beds	0
☐ Pediatric/Adolescent	Inpatient Beds	0
☐ Psychiatric Nursing	Inpatient Beds	0
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0
☐ Intermediate Care	Inpatient Beds	0
☒ Skilled Nursing	Inpatient Beds	5
Total Beds this Building	5	

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/ Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ Support Services

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

Building Number: **06**   Building Name: **Walk-in Box**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☐ Skilled Nursing	Inpatient Beds	0	

☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ Anesthesia		
☐ Clinical Lab	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Pharmaceutical		
☒ Dietetic	☐ Emergency	☐ Central Plant
	☐ Nuclear Medicine	☐ Support Services
☐ Administration		

Total Beds this Building: 0

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: 01   **Building Name:** Main Hospital

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0   Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0   Inpatient Days: 0

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 0   Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

0

Total Beds this Building Per 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, and SPC-5 per Section 130061(e)

Building Number: 02 **Building Name:** Pump House Building

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0   Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0   Inpatient Days: 0

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 0   Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 05   **Building Name:** South Wing Addition

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0   Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 5   Inpatient Days: 1630

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 0   Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

5

Total Beds this Building Per Service

5

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM

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: 06   **Building Name:** Walk-in Box

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0   Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0   Inpatient Days: 0

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 0   Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Report Status: **Data Last Update:** 01/11/2012   **Submission Date:** 01/29/2012   **Print Date:** 1/30/2012 12:45 PM