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

Facility Number:	10322
Facility Name:	Modoc Medical Center
Address:	228 Mc Dowell Street
City:	Alturas
Hospital Owner/Lice	nsee: modoc county 230000026
Year of Repo	orting: 2011
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	ress::
Name of Sub	nitter: martin shaffer
Submission	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 building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital Building	228 Mc Dowell Street	Replace	SPC5	01/01/2020	01/01/2020
02	Ambulance Shelter	228 Mc Dowell Street	Replace	SPC5	01/01/2020	01/01/2020

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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 Number: 01 Building Name: Hospital Building				
Type of Service Prov	Type of Service Provided				
X Nursing	Inpatient Beds	28 Inpatient 510 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 35	X Clinical Lab	X 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	X Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	X Outpatient Surgery	
	2000	Total Beds this 28 Building	Obstetrical Cesarean/Deliv	X 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: 02 Building Name: Ambulance Shelter				
Type of Service Prov	vided			
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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Cesarean/Denv	Central Plant

2011

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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: Hos	pital Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 26 Bed	Inpatient 510 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 2 Bed	Inpatient 35 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	28	28

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Provide the number of Inpatient beds	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)				
Building Number: 02	Building Name: Ambulance Shelter				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 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	Hospital Building	
02	Ambulance Shelter	

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

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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:	02	Building Name:	Ambu	ulance Shelter			
Type of Service	e Provided						
			S	urgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing			nesthesia			
	IntensiveCare					Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol] c	Clinical Lab	_		Outpatient
	escent			adiological/		Newborn/ WellBaby	Surgery
	Psychiatric Nursing			naging harmaceutical		Emergency	Central Plant
	Obstetrical			namaceuticai		Emergeney	
	Ante/Postprtum	ιΓ	_ D	Dietetic		Nuclear Medicine	Support Services
	Intermediate						
	Care		A	dministration			
	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	r: 01	Building Na	me: Hospital Buildi	ing			
Configuration N/A							
Type of Servi	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F		Central Plant
_	Intermediate		Dietetic	X	Emergency	X	Central Plant
	Care	X	Administration		Nuclear Medicine		Support Services
	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:	02	Building Nar	me: Ambulance Shelte	er		
Configuration	N/A					
Type of Service	Type of Service Provided					
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
Inte Ca	ermediate ire		Dietetic		Nuclear Medicine	Support
Ski	illed Nursing		Administration			 Services

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