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

Facility Number:	10338		
Facility Name:	George L Mee Memorial Hosp	pital]
Address:	300 Canal Street]
City:	King City		
Hospital Owner/Lice	S. Monterey Count Hospital/Lic.#0700		
Year of Repo	ting: 2011		
Contact 1 e-mail Ad	ess:		
Contact 2 e-mail Add	ess:		
Contact 3 e-mail Add	ess::		
Name of Subi	George L. Mee Me	emorial Hospital	
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 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 Ratin If Required	g Extension Date	Anticipated Completion Date
01.3	Administration	300 Canal Street	Retrofit	SPC2	01/01/2013	12/31/2012

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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	.3 Buildi	ng Name: Administration		
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 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 Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric Inpatient	Building Number:	01.3	Building Name:	Administration		
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing	Medical / Surgical ((Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Inpatient Inpa						
Bed Days Bed Days Pediatric Inpatient Inpatien	Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 0 0 0 0 0 0 0 0			•			
Intensive Care Rehabilitation Center Inpatient O Inpatient O Days Bed Days Days Days Int. Care / development O Inpatient O Inpatient O Inpatient O Days Days O Days O Days O O O O O O O O O	Pediatric			e Newborn	Intermediate Card	
Center Disabled	• •					
Bed Days Bed Days Bed Days Bed Days Chemical Dependency Chemical Dependency Inpatient 0 Inpatient In	Intensive Care			ı	•	ent
Dependency Building Per Unit Building Per Service Inpatient 0 Inpatient 0 Inpatient 0 0 0 0						
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 0 0	Coronary Care				Building Per	Building Per

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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
01.1	Main Hospital	
01.3	Administration	
02.1	New Hospital	
02.2	Bottle Building	
02.3	New Porte Cochere	

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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:	01.3 Buildin	ng Name: Administration								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
	Nursing	Anesthesia								
	IntensiveCare	_	Obstetrical Recovery	Renal Dialysis						
	Pediatric/Adol	Clinical Lab	·	Outpatient						
Ш	escent	Radiological/	Newborn/ WellBaby	Surgery						
	Psychiatric Nursing	Imaging								
	rvaranig	Pharmaceutical	Emergency	Central Plant						
	Obstetrical Ante/Postprtum		Nuclear Medicine	Support Services						
		Dietetic	Modifile	00111000						
	Intermediate Care	X Administration								
		[] /\diffinistiation								
	Skilled Nursing	I								

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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)

Configuration Remove from GAC service by 1/1/2030									
Type of Service Provided									
X Nursing Surgical Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy							
IntensiveCare X Anesthesia Obstetrical		Renal Dialysis							
Pediatric/Adol									
Psychiatric Nursing Radiological/ Newborn/ WellBaby	X	Outpatient Surgery							
Obstetrical Ante/Postprtum X Pharmaceutical Emergency	X	Central Plant							
X Dietetic X Dietetic		Central Flant							
Care Nuclear Medicine X Skilled Nursing	X	Support Services							

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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	r: 01.3	Building Na	me: Administration							
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		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant			
	Intermediate Care		Dietetic							
	Skilled Nursing	X	Administration		Nuclear Medicine		Support Services			

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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	r: 02.1	Building Nar	me: New Hospital							
Configuration Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service Provided										
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery			
1, , 1	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant			
X	Intermediate		Dietetic							
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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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	er: 02.2	Building Na	me: Bottle Building							
Configuration:	N/A									
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	X	Central Plant			
	Intermediate		Dietetic							
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services			

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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: 02.3	Building Na	me: New Porte Coch	nere			
Configuration Retrofit C	onforming building to	NPC 4 or NPC 5				
Type of Service Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Add escent	'	Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtu	ım	Pharmaceutical		Emergency		Central Plant
Intermediate Care		Dietetic				
Skilled Nursi	ng	Administration		Nuclear Medicine	X	Support Services

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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 N									
Type of	Type of Service Provided								
X Nur	rsing	Inpatient Beds	24		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
Inte	ensiveCare	Inpatient Beds	0	X	Anesthesia				
1 1	diatric/Adol ent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	/chiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
_	stetrical e/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Central Plant		
Inte	ermediate re	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services		
Skil	lled Nursing	Inpatient Beds	16		Administration				
	al Beds this Iding		40						

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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: 02.1 Building Name: New Hospital										
Тур	Type of Service Provided									
X	Nursing	Inpatient Beds	64	X	Surgical	X Obstetrical Cesarean/Deliv	X 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	X Newborn/ WellBaby	X Outpatient Surgery			
X	Obstetrical Ante/Postprtum	Inpatient Beds	8		Pharmaceutical	X Emergency	X Central Plant			
X	Intermediate Care	Inpatient Beds	3		Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		79							

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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:]								
Type of Service	Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveC	are Inpatient Beds	0		Anesthesia					
Pediatric/A	odol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	lnpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postp	•	0		Pharmaceutical	Emergency	X Central Plant			
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nu	rsing Inpatient Beds	0		Administration					
Total Beds Building	sthis	0							

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

Report Status: **Data Last Update:** 01/10/2012 **Submission Date:** 01/29/2012 **Print Date:** 2/1/2012 3:52 PM

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Building Number:	1.1 Build	ing Name: Main	Hospital		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 24 Bed	Inpatient 7391 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 5705 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	40	40

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Building Number:	2.1 Build	ing Name: New	Hospital		
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 64 Bed	Inpatient 14643 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 8 Bed	Inpatient 1423 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 3 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 4 Bed	Inpatient 363 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	Inpatient 0 Days	79	79

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Building Number:	D2.2 Build	ling Name: Bottl	e Building		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	D2.3 Build	ling Name: New	Porte Cochere		
Medical / Surgical (Inc	clude 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 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	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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