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

Facility Number:	10513	
Facility Name:	Seneca Healthcare District	
Address:	130 Brentwood Drive	
City:	Chester	
Hospital Owner/Lice	nsee: Seneca Healthcare District	
1 loopital Ownon/Liot		
Year of Rep	orting: 2011	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	ress::	
Name of Sub	mitter: Seneca Healthcare District	
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	ling Name Alternate Building Address		Final SPC Ratin If Required	g Extension Date	Anticipated Completion Date
03	Carport Addition	130 Brentwood Drive	Remove	N/A	01/01/2013	09/01/2012

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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: 03 Building Name: Carport Addition								
Type of Service Provided								
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 Support	Renal Dialysis Outpatient				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
		Total Beds this Building	Cesarean/Deliv	X 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)

Building Number:	03	Building Name: Carp	oort Addition		
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	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 / developr Disabled	nent
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

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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 Building	
01A	Boiler Room	$\bar{\Box}$
02	Pump Building	x
03	Carport Addition	X
05	Extended Care Addn.	
06	Storage Addition	
07	Generator Building	
		·

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Provide the number of in from acute care services			type of service for the year of 2	008, 2009 and 2010 for build	lings to be removed
Building 02 Number:	Building Name:	Pump Build	ding	Year of Information:	2008
				Information Current As Of:	01/18/2011
Type of Services Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	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			

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	Pump Build	ling	Year of Information: Information Current As Of:	2009		
Type of Services Provided		,		OI.			
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					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	Pump Build	ling	Year of Information:	2010		
				Information Current As Of:	01/16/2012		
Type of Services 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	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 real. 2011	10515		e District	Criester	Page. 10 01 35		
Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number: Type of Services	Building Name:	Pump Build	ding	Year of Information: Information Current As Of:	2011		
Provided Nursing IntensiveCare	Inpatient Beds Inpatient	0	Surgical Anesthesia	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Pediatric/Adol escent	Beds 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	0					

Report real. 2011	10515	бенеса пеаниса	e District	Criester				
	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Carport Ad	dition	lafa	Year of Information:	_ _	008	
Type of Services Provided				Of:	rmation Current As	[10	0/31/2011	
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	E	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						

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Carport Ad	dition	Year of Information:	2009		
				Information Current As Of:			
Type of Services 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	X 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 Year: 20	10513	Seneca Healthca	re District	Chester	Page:13 of 35			
	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Carport Ad	ldition	Year of Information:	2010			
				Information Current As Of:	01/16/2012			
Type of Services Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursin	g Inpatient Beds	0	Administration					
	Total Beds th Building	nis 0	I					

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	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building 03 Number:	Building Name:	Carport Add	dition	Year of Information:	2011				
				Information Current As Of:					
Type of Services Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient E	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 Total Beds this Building	0	Administration						

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building 02 Number:	Building Name:	Pump Building elocated to a new or retrofittrd building?	
CentralPlant N/A	s and beds will be re	clocated to a new of retrolling building:	
Building Number: Will general acutr care service: CentralPlant N/A	Building Name: s and beds will be re	Carport Addition elocated to a new or retrofittrd building?	

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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:	03	Building Name:	Carport Addition							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis				
П	Pediatric/Ado	, [Clinical Lab			Outpatient				
			Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant				
	Obstetrical Ante/Postprtu	m		Nuclear		Support				
	Ante/F ostpriu	"" [Dietetic	Medicine		Services				
	Intermediate Care		¬							
	24.0		Administration							
	Skilled Nursin	g								

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Building Numbe	r: 01	Building Na	me: Main Hospital	Building			
Configuration .	Remove from GAC	Service by	1/1/2030				
Type of Serv	ice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
1 1	Obstetrical Ante/Postprtum	Х	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				Command
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	: 01A	Building Na	me: Boiler Room				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Service	ce Provided						
	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
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic		Lineigoney	<u></u>	Contract tank
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	02	Building Na	me: Pump Building			
Configuration :	Remove from GAC	Service by	1/1/2030			
Type of Servic	e Provided					
N	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
_	bstetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
☐ In	ntermediate		Dietetic	 Lineigeney		Contrait lant
	are killed Nursing		Administration	Nuclear Medicine		Support Services

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Building Number	r: 03	Building Na	me: Carport Addition	on			
Configuration:	Remove from GAC	Service by	1/1/2030				
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		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				Support
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 05	Building Na	me: Extended Care	Addn.		
Configuration :	Remove from GAC	Service by	1/1/2030			
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			0
X	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number:	06	Building Na	me: Storage Additi	on			
Configuration :	Remove from GAC	Service by	1/1/2030				
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
l I	Obstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	ntermediate		Dietetic		Emergency		Cential Flant
	are		Administration		Nuclear Medicine	X	Support Services
\	killed Nursing						

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Building Numbe	er: 07	Building Na	me: Generator Buildi	ng			
Configuration :	Remove from GAC	service by	1/1/2030				
Type of Serv	rice 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		Linergency		Contract land
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building	g Number: 01											
Type o	Type of Service Provided											
X N	Nursing	Inpatient Beds	10	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
_ lı	ntensiveCare	Inpatient Beds	0	X	Anesthesia							
1 1	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
_	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Central Plant					
	ntermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services					
X	Skilled Nursing	Inpatient Beds	4		Administration							
	Fotal Beds this Building		14									

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Building Nur	Building Number: 01A Building Name: Boiler Room											
Type of Se	Type of Service Provided											
Nursir	ng Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
Intens	iveCare Inpatient Beds	0		Anesthesia								
Pedia escen	tric/Adol Inpatient t Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psych		0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obste Ante/I	trical Inpatient Postprtum Beds	0		Pharmaceutical	Emergency	X Central Plant						
Interm Care	nediate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services						
Skilled	d Nursing Inpatient Beds	0		Administration								
Total Buildi	Beds this	0										

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Building Number: 02								
Type of Service Provided								
Nursing	Inpatient Beds	0 [Surgi	cal	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0 [Anest	hesia				
Pediatric/Adol escent	Inpatient Beds	0 [Clinica	al Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0 [Radio Imagi	logical/ ng	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds		Pharn	naceutical	Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	Dietet	ic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds		Admir	nistration				
Total Beds this Building	0							

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Building	Number: 05								
Type of	Type of Service Provided								
☐ Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Int	tensiveCare	Inpatient Beds	0		Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	termediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Sk	killed Nursing	Inpatient Beds	12		Administration				
	otal Beds this uilding		12						

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Building Number: 06								
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						

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Buildin	g Number: 07									
Type	Type of Service Provided									
_ r	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
1 1	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 Status: **Data Last Update**: 01/16/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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Building Number:	1 Build	ing Name: Mair	Hospital Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 10 Bed	Inpatient 46 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 4 Bed	Inpatient 90 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	Inpatient 0 Days	14	14

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Building Number:	01A Build	ling Name: Boile	r Room			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds t Building Per Service	-	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Building Number:	02 Build	ing Name: Pum	p Building		
Medical / Surgical (In	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 N	ewborn / 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	wborn	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 / developr 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	Inpatient 0 Days	0	0

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Building Number: 0	5 Build	ing Name: Exte	ended Care Addn.		
Medical / Surgical (Inc	lude 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 Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 360 Days
Pediatric		intensive Care New 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	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	12	12

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Building Number:	6 Build	ing Name: Stora	age Addition		
Medical / Surgical (Include 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 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 Newborn Nursery		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 / development Disabled	
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	Inpatient 0 Days	0	0

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Building Number:	07 Build	ling Name: Gene	erator Building		
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	Inpatient 0 Days
Pediatric		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