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

Facility Number:	10606
Facility Name:	Mercy General Hospital
Address:	4001 J Street
City:	Sacramento
Hospital Owner/Lice	ensee: Mercy General Hospital
Year of Rep	porting: 2011
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Robert Omens
Submission	n 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	g Extension Date	Anticipated Completion Date	_
01	South Wing / East Wing	4001 J Street	Retrofit	SPC2	01/01/2013	06/15/2014	•

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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: 01	South Wing / East Wing	Retro Proje	•	es-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved in Date	Proj. Start Proj. Complete Date Date	d Status CEQA Review
10606 HS090031	0	12/31/2008	06/01/2011	OPEN No

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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)

Build	ling Number: 01	Buildi	ng Name: South Wing / East Wing		
Туре	e of Service Prov	<u>rided</u>			
X	Nursing	Inpatient Beds	197 Inpatient 50515 Days	X Surgical	Obstetrical Recovery
X	IntensiveCare	Inpatient Beds	8 Inpatient Days 2690	X 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
X	Obstetrical Ante/Postprtum	Inpatient Beds	17 Inpatient Days 5722	X Pharmaceutical X Dietetic	Rehabilitation Therapy
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	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)

Building Number:	01	Building Name: Sout	h Wing / East Wing		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 197 Bed	Inpatient 5051 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 17 Bed	Inpatient 5722 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 / developr Disabled	nent
Inpatient 8 Bed	Inpatient 2690 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	222	222

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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	South Wing / East Wing	
03	Northeast Wing, Part A	
04	Northeast Wing, Part B	
05	North Wing	
06	Northeast Wing, Part D	
07	2 Story Corridor Structure	

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## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site		
N_1	Heart Center			

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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 Bui	lding Name:	South Wing / East Wing			
Type of Service	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
X	IntensiveCare			X Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	X Newborn/ WellBaby		Surgery
	Psychiatric Nursing	, l	Imaging  Pharmaceutical	Emergency		Central Plant
		<u> X</u>	Pharmaceutical	Lineigency	Ш	Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		_			
	Cale	<u>X</u>	Administration			
	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: 01		Building Na	me: South Wing /	East Wing				
Configuration:	Remove from GAC	service by	service by 1/1/2030					
Type of Servi	ce Provided							
X	Nursing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
1/ \ 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate	X	Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services	

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Building Number	r: 03	Building Na	me: Northeast Win	ıg, Part A			
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Serv	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	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	X	Dietetic		Nuclear Medicine		Cupport
	Skilled Nursing		Administration		nuclear Medicine		Support Services

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Building Number:	04	Building Na	me: Northeast Wing	, Part B			
Configuration .	Remove from GAC	Service by	1/1/2030				
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	er: 05	Building Na	me: North Wing				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Х	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate		Dietetic		Linergency		Central Flant
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Number:	06	Building Na	me: Northeast Wing	, Part D		
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
l I	Pediatric/Adol scent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic		,	2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	care skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	r: 07	Building Na	me: 2 Story Corridor	Structure		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	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		Emergency	Central Plant
	Intermediate		Dietetic		Linergency	Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number: 0	3 Buildin	ng Name: No	ortheast Wing, Part A		
Type of Service Pr	<u>ovided</u>				
X Nursing	Inpatient Beds	30	Surgical	Obstetrical Cesarean/Deliv	X 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/Postprtui	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	g Inpatient Beds	38	Administration		
Total Beds thi	s	68			

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Buildi	ng Number: 04								
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X 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						

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Buildi	ng Number: 05								
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	24	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		52						

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Buildiı	ng Number: 06								
Туре	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	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Buildi	ng Number: 07								
Тур	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	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 10/18/2011 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:45 PM

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Building Number:	03 Build	ling Name: Nort	heast Wing, Part A			
Medical / Surgical (In	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	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 38 Bed	Inpatient 10992 Days	
Pediatric		intensive Care New	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 30 Bed	Inpatient 5619 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	68	68	

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Building Number:	04	Building Name:	Northeast Wi	ng, Part B			
Medical / Surgical (I	nclude GYN)	Acute Re	spiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Nursery	Care Newborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilita Center	ation		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Depender			Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	0	0	

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Building Number:	05 Build	ling Name: North	n Wing			
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 28 Bed	Inpatient 9086 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 Nev 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 / develop Disabled	ment	
Inpatient 18 Bed	Inpatient 6556 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 6 Bed	Inpatient 2047 Days	Inpatient 0 Bed	Inpatient 0 Days	52	52	

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Building Number:	06 Build	ling Name: North	heast Wing, Part D				
Medical / Surgical (I	nclude 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 N	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	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	0	0		

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Building Number:	D7 Build	ing Name: 2 Sto	ory Corridor Structure			
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 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 / develop Disabled	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	