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

Facility Number:	10648
Facility Name:	Barstow Community Hospital
Address:	555 South 7th Ave.
City:	Barstow
Hospital Owner/Lice	ensee: City of Barstow/Hospital of Barstow, Inc.
Year of Rep	porting: 2011
Contact 1 e-mail Ac	Idress:
Contact 2 e-mail Ac	Idress:
Contact 3 e-mail Ad	dress::
Name of Sub	mitter: Michael K. Stewart
Submissior	Date: 1/29/2012 3:00:00 PM

2011 1	10648	Barstow Community Hospital	] [	Barstow	Page:2 of 24
	2011	2011 10648	2011 10648 Barstow Community Hospital	2011     10648     Barstow Community Hospital	2011     10648     Barstow Community Hospital     Barstow

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	Main Hospital	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
02	Patient Wing/Perinatal	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
03	Boiler Building	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
04	Emergency Generator Building	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012

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projected construction	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	Main	Hospital		Retrofit/Replacemen Project:	t No	
Facility Project Sub <u>Number Number Num</u>	Scope			proved Proj. Start Pr ate Date	roj. Completed Date	Status CEQA Review
10648 IL080752	0		04/11/2008 11	1/10/2010 08/30/2010	C	PEN No
Building No: 02	Patier	nt Wing/Perinatal		Retrofit/Replacemen Project:	t No	
Facility Project Sub <u>Number Number Num</u>	Scope			proved Proj. Start Pr ate Date	roj. Completed Date	Status CEQA Review
10648 IL080752	0		04/11/2008 11	1/10/2010 09/01/2010	12/01/2012 C	PEN No
Building No: 03	Boiler	Building		Retrofit/Replacemen Project:	t No	
Facility Project Sub <u>Number Number Num</u>	Scope			proved Proj. Start Pr ate Date	roj. Completed Date	Status CEQA Review
10648 IL080752	0		04/11/2008 11	1/10/2010 08/30/2010	C	PEN No
10648 IL080752	0		04/11/2008 11	1/10/2010 09/01/2010	12/01/2012 C	PEN No
Building No: 04	Emer	gency Generator Building		Retrofit/Replacemen Project:	t No	
Facility Project Sub <u>Number Number Num</u>	Scope			proved Proj. Start Pr ate Date	roj. Completed Date	Status CEQA Review
10648 IL080752	0		04/11/2008 11	1/10/2010 09/01/2010	12/01/2012 C	PEN No
-						

Barstow

#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Main Hospital Building Number: 01 **Building Name: Type of Service Provided** X Х **Obstetrical** Surgical Inpatient Inpatient 4034 Nursing 29 Recovery Beds Days Newborn/ Inpatient Days IntensiveCare Inpatient 0 0 X Anesthesia WellBaby Beds Emergency **Clinical Lab** Х X Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds X Nuclear X Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Х Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds Support Outpatient X Services Surgery **Inpatient Days** Skilled Nursing Inpatient 0 0 Beds Х Obstetrical Total Beds this 29 Cesarean/Deliv **Central Plant** Building

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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	Buildi	ing Name: Patient Wing/Perinatal		
Type of Service Prov	vided			
X Nursing	Inpatient Beds	17 Inpatient 1729 Days	Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 1138	Anesthesia	X 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	6 Inpatient Days 665	Pharmaceutical	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this 27 Building	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: 03 Building Name: Boiler Building					
Type of Service Prov	<u>vided</u>				
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	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this <b>0</b>	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building L			

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

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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: Mai	n Hospital		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 4034 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 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 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	29	29

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Barstow

### 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:	Patient Wing/Perinatal		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 1729 Days	Inpatient 0 Bed	Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 665 Days	Inpatient C Bed	) Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	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 4 Bed	Inpatient 1138 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	27	27

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Provide the number	of Inpatient beds and	l patient days per type	of unit per building p	er Section 130061(c)(1)(I	=)
Building Number:	03 B	uilding Name: Boil	er Building		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	y Care	Acute Psychiatric	
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
	npatient 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



0

Inpatient Bed

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Inpatient Days

0

**Submission Date:** 01/29/2012

Inpatient Days

0

0

Inpatient Bed

0

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Barstow

## 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:	Emergency Generator Buil	lding	
Medical / Surgical	(Include GYN)	Acute Respirat	ory 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 C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	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 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	

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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	Patient Wing/Perinatal	
03	Boiler Building	
04	Emergency Generator Building	
05	ER Addition	

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 Data Last Update:
 01/23/2012
 Submission Date:
 01/29/2012
 Print Date:
 1/30/2012 12:45 PM

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

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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:	Pa	atient Wing/Perinatal						
Type of Service Provided  Surgical  Obstetrical  Rehabilitation  Therapy										
X	Nursing			Anesthesia	X	Obstetrical		Renal Dialysis		
X	IntensiveCare	, Г		Clinical Lab		Recovery				
	Pediatric/Ado escent			Radiological/ Imaging	Х	Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant		
X	Obstetrical Ante/Postprtu	<sup>m</sup> [		Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care		X	Administration						
	Skilled Nursin	ig I								

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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:	Bo	biler Building						
Type of Service Provided  Surgical  Obstetrical  Rehabilitation  Therapy										
	Nursing			Anesthesia				Renal Dialysis		
	IntensiveCare	_				Obstetrical Recovery		Renai Dialysis		
	Pediatric/Adol escent			Clinical Lab Radiological/		Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing			Imaging Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical Ante/Postprtu	<sup>m</sup> [		Dietetic		Nuclear Medicine		Support Services		
	Intermediate Care			Administration						
	Skilled Nursin	g								

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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:	04	Building Name:	Er	nergency Generator	Building			
Type of Service	Provided	[		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing IntensiveCare	. [		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol			Clinical Lab		Recovery Newborn/		Outpatient Surgery
	Psychiatric Nursing			Radiological/ Imaging		WellBaby	_	
	Obstetrical Ante/Postprtu	m l		Pharmaceutical Dietetic		Emergency Nuclear Medicine		Central Plant Support Services
	Intermediate Care			Administration				
	Skilled Nursin	ig	1					

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Building Numbe	er: 01	Building Na	me: Main Hospital				
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildir	ng			
Type of Serv	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	_		_	
		x	Dietetic	X	Emergency		Central Plant
	Intermediate Care			X	Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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Building Numbe	er: 02	Building Na	me: Patient Wing/Pe	rinatal				
Configuration	Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building							
Type of Serv	vice Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia	Х	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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Building Numbe	er: 03	Building Na	me: Boiler Building				
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildi	ng			
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	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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Building Number:     04     Building Name:     Emergency Generator Building							
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 build	ling			
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		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	er: 05	Building Na	me: ER Addition			
Configuration	Replace with new	VSPC 5 and N	NPC 4 or NPC 5 build	ding		
Type of Ser	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Necovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration			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 Number: 05 Building Name: ER Addition							
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	X 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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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	Buildi	ng Name: ER A	ddition		
Medical / Surgical (Inclu	ide GYN)	Acute Respiratory Care		Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newb	oorn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
	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 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 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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