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

Facility Number:	10681	
Facility Name:	Mountai	ns Community Hospital
Address:	29101 H	lospital Road
City:	Lake Ar	rowhead
Hospital Owner/Lice	ensee:	San Bernardino Mountains Community Hospital District
Year of Rep	orting:	2011
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	San Bernardino Mountains Community Hospital 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	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2013	09/30/2012
03	Emergency Generator Bldg	29101 Hospital Road	Replace	SPC5	01/01/2013	07/01/2006
04	Oxygen Storage Bldg	29101 Hospital Road	Replace	SPC5	01/01/2013	07/01/2000

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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: 03	Emergency Generator Bldg	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10681 HS022019	0 STANDBY EMERGENCY POWER SYSTEM UPGRADE	08/05/2002 08/05/2003 05/19/2005 07/01/2006 CLSD No
Building No: 04	Oxygen Storage Bldg	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10681 SS980329	0 LIQUID OXYGEN SYSTEM UPGRADE	02/06/1998 07/15/1998 02/06/1998 03/16/1999 CLSD 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)

Building Number: 01	Buildi	ng Name: Main Building		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	17 Inpatient 1551 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	Renal Dialysis
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 6752	Support Services	Outpatient Surgery
	3 3.3	Total Beds this Building	Obstetrical 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	Buildi	ng Name: Emergency Generator Bldg	9	
Type of Service Prov	<u>rided</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 Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	2004.04, 20	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: 04	Buildi	ng Name: Oxygen Storage Bldg		
Type of Service Prov	<u>rided</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 Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Cesalean/Denv	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: Mair	Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 1551 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 20 Bed	Inpatient 6752 Days
Pediatric		intensive Care New 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 / developr 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	37	37

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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:	Emergency Generator Bldg	J]
Medical / Surgical (Include GYN	I) Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / G	YN) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Pediatric	intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Inpatient Days	0 Inpatient Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care	Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient Bed	Inpatient 0 Days	0	0

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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:	04	Building Name:	Oxygen Storage Bldg		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		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 Bed	0 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 Building	
02	Radiology/Lab and ER Addition	
03	Emergency Generator Bldg	
04	Oxygen Storage Bldg	
05	Emergency Generator Bldg II	

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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 Buildin	g Name: Main Building					
Type of Service Provided							
	Nursing	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing	Anesthesia	Obstetrical		Renal Dialysis		
	IntensiveCare Pediatric/Adol	Clinical Lab	Recovery				
	escent	Radiological/	Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency		Central Plant		
	Obstetrical Ante/Postprtum		Nuclear		Support		
	Alien Osipitum	Dietetic	Medicine		Services		
	Intermediate Care	Administration					
X	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:	03	Building Name:	Emergency Generato	or Bldg	
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol		Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m _	_	Nuclear	Support
	·		Dietetic	Medicine	 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:	Oxygen Storage Bldg		
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging	Emergency	Central Plant
	Obstetrical		Pharmaceutical	Lineigency	Central Plant
Ш	Ante/Postprtu	m [Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		A desiminate at in a		
П	Skilled Nursin	g L	Administration		

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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 Name: Main Building									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030				
Type of Service	e Provided								
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant		
	termediate		Dietetic		Emergency		Ocillai Fiaill		
	are killed 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	r: 02	Building Na	me: Radiology/Lab an	nd ER Ado	dition		
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC 4	or NPC	5		
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		Emergency		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 Numbe	Building Number: 03 Building Name: Emergency Generator Bldg									
Configuration :	N/A									
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		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: 04 Building Name: Oxygen Storage Bldg									
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ling					
Type of Service	ce Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Dbstetrical Inte/Postprtum		Pharmaceutical				Control Diggs		
	ntermediate		Dietetic		Emergency		Central Plant		
	Care				Nuclear Medicine		Support Services		
	Skilled Nursing		Administration						

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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: 05 Building Name: Emergency Generator Bldg II									
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		Emorgonov		Central Plant			
Intermediate		Dietetic		Emergency		Ceilliai Fiaill			
Care Skilled Nursing		Administration		Nuclear Medicine		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	Building Number: 02 Building Name: Radiology/Lab and ER Addition									
Type of S	Service Prov	<u>ided</u>								
Nur	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Inte	nsiveCare	Inpatient Beds	0		Anesthesia					
Ped esce	liatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Inte Car	rmediate e	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skill	led Nursing	Inpatient Beds	0		Administration					
	al Beds this ding		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)

Buildi						
Туре	e of Service Prov	<u>rided</u>				
	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**: 01/16/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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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:	2 Build	ing Name: Radi	ology/Lab and ER Additio	on			
Medical / Surgical (Inc	lude 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 New	vborn / 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	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	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 Build	ing Name: Eme	rgency Generator Bldg II		
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 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	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