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

Facility Number:	10684
Facility Name:	Colorado River Medical Center
Address:	1401 Bailey Avenue
City:	Needles
Hospital Owner/Lice	ensee: City of Needles
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: Mike Andrews
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 Hospital, Wing A	1401 Bailey Avenue	Retrofit	SPC2	01/01/2013	12/31/2012
02	Main Hospital, Wing B	1401 Bailey Avenue	Retrofit	SPC2	01/01/2013	12/31/2012
03	Main Hospital, Wing C	1401 Bailey Avenue	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	Buildi	ing Name: Main Hospital, Wing A		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	25 Inpatient 890 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	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building 25	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: 02	Buildi	ng Name: Main Hospital, Wing B		
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	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	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: Main Hospital, Wing C		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	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 Obstetrical	X Outpatient 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:	01	Building Name: Mair	n Hospital, Wing A		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 25 Bed	Inpatient 890 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 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 Bed	Inpatient 0 Days	25	25

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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:	02	Building Name: Mai	in Hospital, Wing B		
Medical / Surgical	(Include GYN)	Acute Respirator	y 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 Ne Nursery	ewborn	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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### 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:	Main Hospital, Wing	С	
Medical / Surgical	(Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	n	Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	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 Bed	0 Inpatient Days	0 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, Wing A	
02	Main Hospital, Wing B	
03	Main Hospital, Wing C	

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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 Build	ing Name:	Main Hospital, Wing A		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		D 10:1 :
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/	Outpatient Surgery
П	Psychiatric		Radiological/ Imaging	WellBaby	
Ш	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services
	Intermediate				
ш	Care		Administration		
	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:	02	Building Name:	Main Hospital, Wing B				
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	,   [	Clinical Lab				Outpatient
	escent		Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	П	Emergency		Central Plant
	Obstetrical		<u> </u>		Nuclear	×	Support
	Ante/Postprtu		Dietetic		Medicine		Services
	Intermediate Care		_				
	Cale	<u> </u>	X Administration				
	Skilled Nursin	ng					

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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:	Main Hospital, Wing	С	
Type of Servic	e Provided	- I [3	X Surgical	Obstetrical	Rehabilitation
	Nursing		X Anesthesia	Cesarean/Deliv	Therapy
	IntensiveCare	l _	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado escent	'   _	X Radiological/	Newborn/ WellBaby	X Outpatient Surgery
	Psychiatric Nursing	-	Imaging  X Pharmaceutical	X Emergency	X Central Plant
	Obstetrical Ante/Postprtu	ım [	X Dietetic	Nuclear Medicine	X Support Services
	Intermediate Care		X Administration		
	Skilled Nursin	ng			

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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 Hospital, Wing A									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5				
Type of Service Provided									
X	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol scent		Clinical Lab		Recovery				
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic		,		22		
	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:	Building Number: 02 Building Name: Main Hospital, Wing B								
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5				
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical						
Ai	ite/i ostpitum		Dietetic	Ш	Emergency	Ш	Central Plant		
	termediate are		Diototio		Nuclear Medicine	X	Support Services		
Sk	killed Nursing	X	Administration				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:	03 Building Name: Main Hospital, Wing C								
Configuration Retrofit Non-Confo		rming building to SPC 5 and NPC 4 or NPC 5							
Type of Service	e Provided								
Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery		
	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
Int	termediate	X	Dietetic		Lineigency		Ochtiai Flant		
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services		

Report Status: **Data Last Update**: 12/09/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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