Report Year:	2011
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10750

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

Facility Number:	10750
Facility Name:	St. Joseph's Medical Center of Stockton
Address:	1800 North California Street
City:	Stockton
Hospital Owner/Lic Year of Rep Contact 1 e-mail Ac Contact 2 e-mail Ac Contact 3 e-mail Ad Name of Sub	borting: 2011 bdress:
Submissior	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 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	g Extension Date	Anticipated Completion Date
01	Main Wing	1800 North California Street	Remove	N/A	01/01/2013	05/20/2014
04	West Wing	1800 North California Street	Retrofit	SPC2	01/01/2013	05/20/2014

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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: 04	West Wing	Retrofit/Replacen Project:	nent	Yes-Planned	
Facility Project Sub Sc Number Number Num	ope Date P in	lan Approved Proj. Start Date Date	Proj. Comple Date	ted Status	CEQA Review
10750 IS090033 0	12/25/200	08 05/26/2011 01/03/20	12 07/01/201	3 OPEN	No

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 Wing			
Type of Service Prov	vided				
X Nursing	Inpatient Beds	6 Inpatient 1550 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 Renal Dialysis	
X Skilled Nursing	Inpatient Beds	21 Inpatient Days 2897	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: 04 **Building Name:** West Wing **Type of Service Provided Obstetrical** X Surgical 87 17601 Nursing Inpatient Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 1627 Х Pediatric/Adol Inpatient 13 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds X Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Iх Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Support Outpatient Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 100 Cesarean/Deliv Central Plant Building

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Submission Date: 01/29/2012

Print Date: 1/30/2012 12:45 PM

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 Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 6 Bed	Inpatient 1550 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 21 Bed	Inpatient 2987 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 / develop 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	27	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: We	est Wing		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 87 Bed	Inpatient 1760 Days 1	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 13 Bed	Inpatient 1627 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	100	114

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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 Wing	X
02	North Wing	
03	South Wing	j []
04	West Wing	j []
05	East Wing	j 🗍
06	Administrative Wing	j []
07	Southeast Wing	j 🗍
08	Cafeteria	j []
09	Heart Center	j 🗍
10	Outpatient Surgery Building	j 🗍
11	Cancer Center	
12	Hospital Main Entrance	j 🗍
13	Utility Plant	
14	Emergency Generator Room	
15	Elevator Addition	j 🗍
16	Kitchen Remodel 1	j 🗍
17	Kitchen Remodel 2	ΪΠ
18	Material Management Building	j

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L	ist ALL proposed new buildings to b	e constructd at this or another site.	
Building Number	Building Name	New Site	
N_1	Pavilion		

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Provide the number of in from acute care services			type of service for the year o	f 2008, 2009 and 2010 for buil	dings to be removed
Building 01 Number:	Building Name:	Main Wing		Year of Information: Information Current As	2011
<u>Type of Services</u> Provided				Of:	
X Nursing	Inpatient Beds	6	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	X 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
X Skilled Nursing	Inpatient Beds	21	Administration		
	Total Beds this Building	s 27			

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St. Joseph's Medical Center of Stockton

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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 Number: 01 Building Name: Main Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Nursing Removed from hospital services
Building 01 Building Name: Main Wing Number:
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Skilled Nursing N/A
Building 01 Building Name: Main Wing Number:
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Renal Dialysis Relocated to other building
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building Bed Count
04-West Wing

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Building Number: 01 Building Name: Main Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Medical/Surgical (Include GYN) Removed from hospital services		
Building Number: 01 Building Name: Main Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A		

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Stockton

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 Wing				
Type of Service Provided						
_	Number	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	Anesthesia	Obstetrical	X	Renal Dialysis	
	IntensiveCare	Clinical Lab	Recovery	<u>^</u>	Konai Dialyolo	
	Pediatric/Adol escent		Newborn/		Outpatient Surgery	
	Psychiatric	Radiological/ Imaging				
	Nursing	Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care	Administration				
X	Skilled Nursing					

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Stockton

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 Buildin	g Name: West Wing		
Type of Service	e Provided	Surgical	Obstetrical	Rehabilitation
X	Nursing	Anesthesia	Cesarean/Deliv	Therapy
	IntensiveCare		Obstetrical Recovery	Renal Dialysis
X	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging X Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care	X Administration		
	Skilled Nursing			

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Building Numbe	er: 01	Building Na	me: Main Wing			
Configuration	Remove from GAC	C service by	1/1/2013			
Type of Serv	vice Provided					
X	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	X	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	Lineigency		Central Flant
X	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

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Building Number	r: 02	Building Na	me: North Wing				
Configuration	Remove from GAC	Service by	1/1/2030				
Type of Servi	ice Provided						
X	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		Pharmaceutical	_		_	
	Ante/Postprtum				Emergency		Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support
_	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 03	Building Nar	me: South Wing		
Configuration	Remove from GA	C service by '	1/1/2030		
Type of Serv	vice Provided				
	Nursing	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_	
	·		Dietetic	Emergency	Central Plant
	Intermediate Care			Nuclear Medicine	Support Services
	Skilled Nursing		Administration		2011000

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Building Numbe	er: 04	Building Na	me: West Wing				
Configuration	Remove from GAC	C service by	1/1/2030				
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical	X	Pharmaceutical	_		_	
	Ante/Postprtum				Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 05	Building Na	me: East Wing				
Configuration	Remove from GAC	C service by	1/1/2030				
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Х	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		Contrainmant
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Numbe	er: 06	Building Na	me: Administrative	Wing		
Configuration	Remove from GAC	C 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		Dietetic			Contraint lunc
	Care Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

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Building Numbe	r: 07	Building Nar	me: Southeast Win	ng			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emorgonov		Central Plant
	Intermediate		Dietetic	<u></u>	Emergency		
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	08	Building Na	me: Cafeteria		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Servio	ce Provided				
1	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
	Obstetrical Ante/Postprtum		Pharmaceutical	F	Control Diout
_	ntermediate	X	Dietetic	Emergency	Central Plant
	Care			Nuclear Medicine	Support Services
	Skilled Nursing		Administration		

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Building Numbe	r: 09	Building Na	me: Heart Center				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_	_	
_	Anten Ostpham		Dietetic	X	Emergency		Central Plant
	Intermediate Care				Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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Building Numbe	er: 10	Building Nar	ne: Outpatient Sur	gery Buildin	g		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
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	Х	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	Intermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 11	Building Na	me: Cancer Center			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	vice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	F		
			Dietetic	Emergency		Central Plant
	Intermediate Care			Nuclear Medicine		Support Services
	Skilled Nursing		Administration			

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Building Numbe	er: 12	Building Na	me: Hospital Main I	Entrance		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
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		Emorgonov	Central Plant
	Intermediate		Dietetic		Emergency	Central Flant
	Care	X	Administration		Nuclear Medicine	Support Services
	Skilled Nursing					

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Building Numbe	er: 13	Building Na	me: Utility Plant				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	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	—			
	Ante/Postphum				Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	er: 14	Building Na	me: Emergency Ge	nerator Roo	om		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	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		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 15	Building Na	me: Elevator Additi	ion		
Configuration	Remove from GAC	C service by	1/1/2030			
Type of Ser	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		Lineigency	Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	er: 16	Building Nar	me: Kitchen Remo	del 1		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
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	X	Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	er: 17	Building Na	me: Kitchen Remo	del 2		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
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		F	
	Intermediate	X	Dietetic		Emergency	Central Plant
	Care		Administration		Nuclear Medicine	Support Services
	Skilled Nursing		Auministration			

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Building Number	er: 18 Building Name: Material Management Building							
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	ce 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		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: 02 Building Name: North Wing							
Type of Service Provided							
X	Nursing	Inpatient Beds	62		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	X	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		62				

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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: 03 Building Name: South Wing								
Type of Service Provided								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	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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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: East Wing							
Type of Service Provided							
X	Nursing	Inpatient Beds	46		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	19		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	X Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		65				

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Building Number: 06 Building Name: Administrative Wing							
Туре	e of Service Prov	ided					
	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	X	Administration		
	Total Beds this Building		0				

Report Year:	2011
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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: 07 Building Name: Southeast Wing							
Туре	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	10		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	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	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		10				

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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: 08 Building Name: Cafeteria							
Туре	e of Service Prov	ided					
	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	X	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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 09 Building Name: Heart Center							
Туре	e of Service Prov	ided					
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 10 Building Name: Outpatient Surgery Building							
<u>Type</u>	e of Service Prov	ided					
	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	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
П	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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 11 Building Name: Cancer Center							
Туре	e of Service Prov	ided					
	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	X	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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Building Number: 12 Building Name: Hospital Main Entrance							
Туре	e of Service Prov	ided					
	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	X	Administration		
	Total Beds this Building		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)

Building Number: 13 Building Name: Utility Plant							
Туре	e of Service Prov	ided					
	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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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: 14 Building Name: Emergency Generator Room							
Туре	e of Service Prov	ided					
	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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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: 15 Building Name: Elevator Addition							
Туре	e of Service Prov	ided					
	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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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: 16 Building Name: Kitchen Remodel 1							
Туре	e of Service Prov	ided					
	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	X	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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 17 Building Name: Kitchen Remodel 2							
Туре	e of Service Prov	ided					
	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	X	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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	18 Buildi	ng Name: Ma	aterial Mana	gement Building		
Type of Service P	<u>rovided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	e Inpatient Beds	0		Anesthesia		
Pediatric/Ado	l Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient Im Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nursir	ng Inpatient Beds	0		Administration		
Total Beds th Building	is	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:	02 Build	ling Name: Nort	h Wing		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 62 Bed	Inpatient 12338 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 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	62	72

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Building Number: 0	Build	ing Name: Sout	h Wing		
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 New	/born / 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	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	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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Building Number:	05 Build	ing Name: East Wing	
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 46 Bed	Inpatient 15193 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (excluse Ne	wborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 10 Bed	Inpatient 2762 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService
Inpatient 9 Bed	Inpatient 2486 Days	Inpatient 0 Inpatient 0 Bed Days	65 77

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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: 00	6 Build	ing Name: Adm	inistrative Wing		
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 New	/born / 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 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	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:	07	Building Na	me: Sou	theast Wing		
Medical / Surgical (In	clude GYN)	Acut	e Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burr	1		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		inter Nurs	nsive Care Ne sery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Reha Cent	abilitation er		Int. Care / develop Disabled	ment
Inpatient 10 Bed	Inpatient 29 Days	984 Inpat Bed	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		••	nical endency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days	10	10

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Building Number:	08	Buildi	ing Name: Ca	feteria		
Medical / Surgical (In	clude GYN)		Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient () Bed	Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care N Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient () Bed	Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0	Inpatient (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 Days	0	Inpatient (Inpatient 0 Days	0	0

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Building Number:	09	Build	ing Name: Heal	rt Center		
Medical / Surgical (I	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient Days	0	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 Days	0	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	10	Building Name:	Outpatient Surgery Building		
Medical / Surgical (nclude GYN)	Acute Respire	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient O Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient (Days	0 Inpatient Bed	0 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 (Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number: 1	1 Build	ing Name: Cano	cer Center		
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 New	vborn / 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	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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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:	12 Bu	ilding Name: Hospital Ma	ain Entrance	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Ps	ychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0 Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled N	ursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermed	iate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care Disabled	/ development
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beo Building Unit	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed 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: 13	Building Name:	ility Plant	
Medical / Surgical (Include GYN)	Acute Respirato	ry Care	Acute Psychiatric
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	D Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care N Nursery	lewborn	Intermediate Card
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency		Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	0 0

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Building Number:	14 Be	uilding Name: Emer	rgency Generator Room		
Medical / Surgical (I	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	lewborn / 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 / developn 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

Report Year:	2011
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St. Joseph's Medical Center of Stockton

Stockton

Building Number:	15 Buil	ding Name: Elevator Addition	
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 0 0

Report Year:	2011
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Stockton

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:	16	Building Name:	Kitchen Remodel 1		
Medical / Surgical (In	nclude GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 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 Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0

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Stockton

Building Number:	7 Build	ing Name: Kitch	nen Remodel 2		
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 New	/born / 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 / developı 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

Report Year:	201
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Stockton

Building Number:	18 Build	ding Name: Material Management Buildi	ing
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	0 0