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

Facility Number:	10831	
Facility Name:	Goleta V	alley Cottage Hospital
Address:	351 Sou	th Patterson Avenue
City:	Santa Ba	arbara
Hospital Owner/Lice	ensee:	Cottage Health System; Sole Corporate Member
Year of Reporting:		2011
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Brooks Larson
Submission	n Date:	1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	<b>Building Name</b>	Name Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital and Addition	351 South Patterson Avenue	Replace	SPC5	01/01/2013	12/09/2013
02	Maintenance Shop / Oxygen Storage	351 South Patterson Avenue	Replace	SPC5	01/01/2013	12/09/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Hospital and Addition	Retrofit/Replacement Yes-Submitted Project:				
Facility Project Sub Number Number Num	Scope	Date Plan in	•	Proj. Completed Date	Status	CEQA Review
10831 HS070843	0 52 BED REPLACEMENT HOSPITAL	05/29/2007	11/02/2010 11/23/2010	12/09/2013	OPEN	No
10831 HS071995	0 SOIL STABILIZATION	10/30/2007	10/15/2009 10/28/2009	12/09/2013	OPEN	No
10831 SS072211	0 SITE UTILITY RELOCATIONS & ALTERNATE EXITING	11/30/2007	01/13/2009 01/13/2009	11/01/2010	CLSD	No
10831 SS082197	0 ROCK COLUMN PRESSURE GROUT TESTING	12/10/2008	12/10/2008 12/10/2008	3 12/23/2009	CLSD	No
Building No: 02	Maintenance Shop / Oxygen Storag	е	Retrofit/Replaceme Project:	nt Yes	-Submitte	d
Building No: 02  Facility Project Sub Number Number Num	Maintenance Shop / Oxygen Storag	e Date Plan in	Project:	nt Yes Proj. Completed Date	-Submitte Status	
Facility Project Sub		Date Plan	Project: Approved Proj. Start F	Proj. Completed Date		 CEQA
Facility Project Sub Number Number Num	Scope	Date Plan in	Project: Approved Proj. Start F Date Date	Proj. Completed Date  10/14/2013	Status	CEQA Review
Facility Project Sub Number Number Num 10831 HS070843	Scope  0 52 BED REPLACEMENT HOSPITAL	Date Plan in 05/29/2007	Approved Proj. Start F Date Date  11/02/2010 11/23/2010	Proj. Completed Date  10/14/2013 10/14/2013	Status	CEQA Review

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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: Hospital and Addition		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	46 Inpatient 3621 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	11 Inpatient Days 900	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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	10 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	<ul><li>X Administration</li><li>X Support</li></ul>	Renal Dialysis
X Skilled Nursing	Inpatient Beds	55 Inpatient Days 11630	Services  Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X 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: Maintenance Shop / Oxyge	n Storage	
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	X Support Services  Obstetrical	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:	Hospital and Addition		
Medical / Surgical (I	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 46 Bed	Inpatient 3621 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 10 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 55 Bed	Inpatient 1163 Days 0
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	Inpatient 900 Days	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 Days	Inpatient Bed	0 Inpatient 0 Days	122	122

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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:	Maintenance Shop / Oxyg	en Storage	
Medical / Surgical	(Include GYN)	Acute Respira	itory 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 Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 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 Bed	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	Hospital and Addition	
02	Maintenance Shop / Oxygen Storage	
03	Emergency Power System Building	

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

Building Number	Building Name	New Site			
N_1	52 Bed Replacement Hospital				

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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 Name:	Н	ospital and Addition				
Type of Service	e Provided	[	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		X	Anesthesia		Obstetrical		Renal Dialysis
X	IntensiveCare		X	Clinical Lab		Recovery		,
	Pediatric/Adol escent		X	Radiological/		Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing		x	Imaging  Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m   _	X	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care		X	Administration				
X	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:	02	Building Name:	Maintenance Shop /	Oxygen Storage				
Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	l	Anesthesia					
	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis		
_	Pediatric/Ado	,   [	Clinical Lab			Outpatient		
	escent		Radiological/	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Imaging	_				
	rtaromig		Pharmaceutical	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate Care		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: Hospital and Addition							
Configuration	Replace with new	w SPC 5 and NPC 4 or NPC 5 building							
Type of Serv	vice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate	X	Dietetic						
X	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	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: Maintenance Shop / Oxygen Storage							
Configuration Replace with new		SPC 5 and NPC 4 or NPC 5 building						
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		Emergency	X	Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine	X	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: 03 Building Name: Emergency Power System Building									
Configuration Replace with new		SPC 5 and NPC 4 or NPC 5 building							
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		Emergency	X	Central Plant		
	Intermediate		Dietetic		Emergency		Central Flam		
	Care Skilled Nursing		Administration		Nuclear Medicine	X	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)

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

Report Status: **Data Last Update**: 10/28/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 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:	D3 Build	Name: Emergency Power System Building				
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / 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	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 / development Disabled		
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	