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

Facility Number:	10843	
Facility Name:	Santa E	Barbara Cottage Hospital
Address:	320 We	est Pueblo Street
City:	Santa E	Barbara
Hospital Owner/Lie	censee:	Cottage Health System; Sole Corporate Member
Year of Re	porting:	2011
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Su	bmitter:	Tom Thomson
Submissio	on 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
02	Central Wing (Building B)	320 West Pueblo Street	Replace	SPC5	01/01/2013	07/01/2015
03	Reeves Wing (Building C)	320 West Pueblo Street	Replace	SPC5	01/01/2013	07/01/2015
04	South Wing (Building D)	320 West Pueblo Street	Retrofit	SPC2	01/01/2013	12/31/2012
06	North Wing (Building F)	320 West Pueblo Street	Replace	SPC5	01/01/2013	02/01/2013

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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: 02	Central Wing (Building B)	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
10843 IS042307	0 NEW REPLACEMENT HOSPITAL	09/22/2004 12/16/2009 12/14/2007 07/01/2015 OPEN No
Building No: 03	Reeves Wing (Building C)	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
10843 IS042307	0 NEW REPLACEMENT HOSPITAL	09/22/2004 12/16/2009 12/14/2007 07/01/2015 OPEN No
Building No: 04	South Wing (Building D)	Retrofit/Replacement Yes-Submitted Project:
Building No: 04 Facility Project Sub Number Number Num	South Wing (Building D) Scope	
Facility Project Sub		Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num 10843 IS042307	Scope 0 NEW REPLACEMENT HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA no Date Date Date Review 09/22/2004 12/16/2009 07/01/2015 09/01/2017 OPEN No
Facility Project Sub Number Number Num 10843 IS042307 10843 SS111491	Scope 0 NEW REPLACEMENT HOSPITAL 0 VOLUNTARY SEISMIC IMPROVEMENTS	Project: Date Plan Approved Proj. Start Proj. Completed In Date Date Date Date Date 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: 02	Buildi	ing Name: Central Wing (Building B)				
Type of Service Prov	Type of Service Provided					
X Nursing	Inpatient Beds	90 Inpatient 21684 Days	Surgical	X Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtum	Inpatient Beds	27 Inpatient Days 6729	Pharmaceutical X Dietetic	X 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	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Reeves Wing (Building C)			
Type of Service Provided					
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	X Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X 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 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building		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: South Wing (Building D)			
Type of Service Provided					
X Nursing	Inpatient Beds	60 Inpatient 13987 Days	Surgical	Obstetrical Recovery	
X IntensiveCare	Inpatient Beds	22 Inpatient Days 4177	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X 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	X Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 82	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building		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: 06	Buildi	ng Name: North Wing (Building F)			
Type of Service Provided					
X Nursing	Inpatient Beds	30 Inpatient 0 Days	Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 773	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 46	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building	Ocsaicai/Deliv	Central Plant	

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Building Number:	02	Building Name:	Central Wing (Building B)		
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 90 Bed	Inpatient 2168 Days 4	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 27 Bed	Inpatient 6729 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 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	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	117	117

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Building Number:	03	Building Name: Reev	ves Wing (Building C)			
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 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 / 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	

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Building Number:	04	Building Name:	outh Wing (Building D)			
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric		
Inpatient 60 Bed	Inpatient 1398 Days 7	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 Nursery	Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 4177 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	82	82	

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Building Number:	06	Building Name:	North Wing (Building F)		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 30 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 773 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	46	46

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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	West Wing (Building A)	
02	Central Wing (Building B)	$\overline{\sqcap}$
03	Reeves Wing (Building C)	П
04	South Wing (Building D)	П
05	East Wing (Building E)	П
06	North Wing (Building F)	
07	Surgery Wing (Building G)	
09	Centennial Wing (Building I)	
10	Cancer Center (Building K)	

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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	Diagnostic and Treatment (D&T A1-A4; B1-B4)		
N_2	Patient Pavilion (E1-E3)		
N_3	Patient Pavilion (F1-F3)		
N_4	Patient Pavilion (D1-D3)		
N_5	Infill Building (C1-C3)		
N_6	Link Building (C4)		
N_7	Energy Center		

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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 Build	ding Name:	Central Wing (Building	B)		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare		, wiedwiedia	X Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab			Outpatient
	escent	X	Radiological/ Imaging	X Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X	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:	03	Building Name:	Reeves Wing (Building	g C)						
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare	·	_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Ado	ı	Clinical Lab			Outpatient				
		X	Radiological/ Imaging	Newborn/ WellBaby		Surgery				
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	m		Nuclear	Х	Support				
	Anten ostpitu	"" <u> </u>	Dietetic	Medicine		Services				
	Intermediate Care		7							
	- 55	<u> </u>	Administration							
	Skilled Nursin	ıg İ								

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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:	South Wing (Building D)			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	lr	Anesthesia			
X	IntensiveCare			Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol		Clinical Lab	_		Outpatient
	escent	X		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging			
		<u> </u>	Pharmaceutical	Emergency		Central Plant
Ш	Obstetrical Ante/Postprtu	m X	C Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care	 x	Administration			
	Skilled Nursin		- / Millinottation			

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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:	06 Buildin	ng Name: North Wing (Building	F)								
Type of Service Provided											
		Surgical	Obstetrical Cesarean/Deliv		ehabilitation herapy						
X	Nursing	Anesthesia									
	IntensiveCare		X Obstetrical Recovery	R	enal Dialysis						
	Pediatric/Adol escent	X Clinical Lab			utpatient						
_	escent	Radiological/ Imaging	Newborn/ WellBaby	□ s	urgery						
	Psychiatric Nursing	Pharmaceutical	Emergency	c	entral Plant						
X	Obstetrical Ante/Postprtum		Nuclear	x s	upport						
	, and outpream	Dietetic	Medicine	∟ _S	ervices						
	Intermediate Care	X Administration									
	Skilled Nursing										

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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: 01	Building Na	me: West Wing (Bu	uilding A)			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding			
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	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		Linergency		Ochilai Flant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing	X	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 Numb	er: 02	Building Na	me: Central Wing (Bui	lding B)					
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	I					
Type of Ser	Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care	X	Dietetic						
	Skilled Nursing	X	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 Na	me: Reeves Wing (E	Building C)						
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ing						
Type of Servic	Type of Service Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Recovery					
	sychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	П	Central Plant			
	ntermediate care		Dietetic				0			
	killed Nursing	X	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	: 04	Building Na	me: South Wing (Bu	uilding D)			
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Servi	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care	X	Dietetic				
	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:	05	Building Na	me: East Wing (Build	ding E)				
Configuration :	Configuration : Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service	ce Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Dbstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	ntermediate Care		Dietetic					
	Skilled Nursing	X	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:	06	Building Nar	me: North Wing (Build	ling F)			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9			
Type of Service	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
17.5	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing	X	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	: 07	Building Na	me: Surgery Wing	(Building G)			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Х	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing	X	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)

Configuration Retrofit Conforming building to NPC 4 or NPC 5 Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Therapy Anesthesia Obstetrical Recovery Pediatric/Adol escent Psychiatric Nursing Nursing Newborn/ WellBaby Obstetrical Newborn/ WellBaby Dietetic Intermediate Dietetic	Building Number:	09	Building Nar	me: Centennial Wi	ing (Building	1)		
Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy Anesthesia Obstetrical Recovery Renal Dialysis Clinical Lab Psychiatric Nursing Newborn/ WellBaby Obstetrical Ante/Postprtum Intermediate Surgical Obstetrical Recovery Rehabilitation Therapy Newborn/ WellBaby Cutpatient Surgery Emergency Central Plant Dietetic	Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Cesarean/Deliv Therapy X	Type of Service	Provided						
Pediatric/Adol escent Clinical Lab Psychiatric Nursing Newborn/ WellBaby Obstetrical Recovery Newborn/ WellBaby Dietetic Intermediate Renal Dialysis Renal Dialysis Renal Dialysis Renal Dialysis Renal Dialysis	Nu	ursing		Surgical				
Pediatric/Adol escent Clinical Lab X Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Intermediate Clinical Lab X Radiological/ Imaging X Pharmaceutical X Emergency Central Plant Dietetic	X Int	ensiveCare		Anesthesia				Renal Dialysis
Obstetrical Ante/Postprtum				Clinical Lab		Recovery		
Obstetrical Ante/Postprtum X Emergency Central Plant Intermediate			X					
Dietetic Dietetic			X	Pharmaceutical	X	Emergency		Central Plant
				Dietetic		Lineigency		oonian hant
Care Nuclear Medicine X Support Services Administration				Administration		Nuclear Medicine	X	

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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:	10	Building Nar	me: Cancer Center (Bu	iilding K)		
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	itensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	itermediate		Dietetic		,		2 2 3 3 4 3 3 3
	are killed 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)

Buildin							
<u>Type</u>	of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	20		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	X	Administration		
	Total Beds this Building		20				

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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							
Тур	e of Service Prov	<u>rided</u>					
X	Nursing	Inpatient Beds	50	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	17		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
X	Psychiatric Nursing	Inpatient Beds	20		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		87				

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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: 07 Building Name: Surgery Wing (Building G)								
Type of	Service Prov	<u>ided</u>							
Nu	rsing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Inte	ensiveCare	Inpatient Beds	0	X	Anesthesia				
1 1	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
_	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Inte	ermediate re	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Ski	lled Nursing	Inpatient Beds	0	X	Administration				
	al Beds this		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	ng Number: 09						
Тур	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	18		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	X	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		18				

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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)

Buildin	g Number: 10					
Туре	of Service Prov	<u>ided</u>				
<u> </u>	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
1 1	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	X Support Services
	Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building		0			

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

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Building Number: 0	1 Build	ing Name: West	t Wing (Building A)			
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 Nev	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 Disabled	ment	
Inpatient 20 Bed	Inpatient 4506 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	20	20	

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Building Number:	05 Build	ing Name: East	Wing (Building E)			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 50 Bed	Inpatient 8710 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 5243 Days	
Perinatal (excluse Ne	ewborn / 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 17 Bed	Inpatient 2936 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	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	87	0	

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Building Number:	07 Build	ding Name: Surgery	Wing (Building G)			
Medical / Surgical (In	clude GYN)	Acute Respiratory Car	re	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days		ays 0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Newbo Nursery	orn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days		ays 0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days		ays 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		npatient 0	0	0	

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Building Number:	09	Building Name: Cent	tennial Wing (Building I)			
Medical / Surgical (Include GYN)		Acute Respiratory	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 Newborn / GYN)		Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	intensive Care Newborn Nursery		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 / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 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 18 Bed	Inpatient 519 Days	Inpatient 0 Bed	Inpatient 0 Days	18	18	

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Building Number:	10 Buil	ding Name: Cance	er Center (Building K)		
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	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 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