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

Facility Number:	11154	
Facility Name:	Tuolumn	e General Hospital
Address:	101 East	Hospital Road
City:	Sonora	
Hospital Owner/Lic	ensee:	County of Tuolumne
Year of Rep	porting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter:	Craig Pedro
Submission	n Date:	1/30/2012 9:34:32 AM

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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 Building Name: Long Term Care Building						
Type of Service Prov	<u>/ided</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 X Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
X Skilled Nursing	Inpatient Beds	22 Inpatient Days 7836	Support Services	Outpatient Surgery		
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

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

Building Number: 02	Buildi	ng Name: Generator Building						
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	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	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: 03	Buildi	ng Name: Main Hospital							
Type of Service Prov	Type of Service Provided								
X Nursing	Inpatient Beds	17 Inpatient 0 Days	Surgical	Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	4 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
X Psychiatric Nursing	Inpatient Beds	16 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 7529	X Support Services Obstetrical	Outpatient Surgery					
		Total Beds this Building 57	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 B ı	uilding Name: Lon	g Term Care Building			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	/ Care	Acute Psychiatric		
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 7836 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
• •	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent	
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	22	22	

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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: Ger	nerator Building				
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	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	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 / developr Disabled	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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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name:	Main Hospital		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 16 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 20 Bed	Inpatient 7529 Days
Pediatric		intensive Care 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		Int. Care / develop	ment
Inpatient 4 Bed	Inpatient 0 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 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	57	57

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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	Long Term Care Building	
02	Generator Building	
03	Main 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 Buildir	ng Name: Long Term Care Buildi	ng		
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitati Therapy	ion
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dialy	/sis
	Pediatric/Adol	Clinical Lab		Outpatient	
Ш	escent	Radiological/	Newborn/ WellBaby	LJ Surgery	
	Psychiatric Nursing	Imaging			
	-	Pharmaceutical	Emergency	Central Pla	ınt
Ш	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care	Administration			
l	0177 111	Administration			
X	Skilled Nursing	I			

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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:	Generator Building						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia	_					
	IntensiveCare	. _	_	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent	,	Clinical Lab	Newborn/	П	Outpatient Surgery			
			Radiological/ Imaging	WellBaby	_	Curgory			
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m _	_	Nuclear		Support			
	·		Dietetic	Medicine		Services			
	Intermediate Care		Administration						
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

		•						
Building Number:	03	Building Name:	Main Hospital		_			
Type of Service Provided								
		[Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	Nursing		Anesthesia		Panal Dialysia			
X	IntensiveCare	, _	¬	Obstetrical Recovery	Renal Dialysis			
	Pediatric/Ado escent	' <u>'</u>	Clinical Lab	Newborn/	Outpatient Surgery			
X	Psychiatric		Radiological/ Imaging	WellBaby				
	Nursing		Pharmaceutical	Emergency	X Central Plant			
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	X Support Services			
	Intermediate Care		Administration					
X	Skilled Nursin	g						

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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 Na	me: Long Term Ca	re Building					
Configuration :	Remove from GAC	emove from GAC service by 1/1/2013							
Type of Servic	e Provided								
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate	X	Dietetic	_			Contract tank		
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: Generator Buil	ding		
Configuration Remove from GAC		Service by	1/1/2013			
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov	Central Plant
	itermediate		Dietetic		Emergency	Cential Flant
	are				Nuclear Medicine	Support Services
S	killed Nursing		Administration			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Nar	me: Main Hospital			
Configuration :	Remove from GAC	Service by	1/1/2013			
Type of Servi	ce Provided					
X	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	X	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing	X	Administration	Nuclear Medicine	X	Support Services

Report Status: **Data Last Update**: 01/24/2012 **Submission Date**: 01/30/2012 **Print Date**: 1/30/2012 12:46 PM

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