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

Facility Number:	11159	
Facility Name:	Commu	nity Memorial Hospital-San Buenaventura
Address:	147 N. E	Brent Street
City:	Ventura	
Hospital Owner/Lice	ensee:	Community Memorial Hospital of San Buenaventura
Year of Rep	orting:	2011
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Community Memorial Hospital
Submission	Date:	1/29/2012 3:00:00 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Goodyear Wing	147 N. Brent Street	Replace	SPC5	01/01/2013	01/01/2013
02	Main Building & Additions	147 N. Brent Street	Replace	SPC5	01/01/2013	01/01/2013
03	Gift Shop	147 N. Brent Street	Replace	SPC5	01/01/2013	01/01/2013
04	West Wing & Addition	147 N. Brent Street	Replace	SPC5	01/01/2013	01/01/2013

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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: 01	Goodyear Wing	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
11159 IS082255	0 SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT (FRMRLY PPR)	12/18/2008 08/08/2011 01/01/2013 OPEN No
Building No: 02	Main Building & Additions	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
11159 IS082255	0 SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT (FRMRLY PPR)	12/18/2008 08/08/2011 01/01/2013 OPEN No
Building No: 03	Gift Shop	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Facility Project Sub Number Number Num	Gift Shop Scope	· · · · · · · · · · · · · · · · · · ·
Facility Project Sub	· ·	Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope 0 SB 1661: NEW SIX STORY HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num	Scope 0 SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT (FRMRLY PPR)	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA Review 12/18/2008 08/08/2011 01/01/2013 OPEN No Retrofit/Replacement Yes-Submitted

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Report Status: **Data Last Update:** 01/23/2012 **Print Date:** 1/30/2012 12:45 PM Submission Date: 01/29/2012

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

Building Number: 01	Buildi	ng Name: Goodyear Wing		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	18 Inpatient 2987 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	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	10 Inpatient Days 2645	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 X Obstetrical	Outpatient Surgery
		Total Beds this Building 28	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	Buildir	ng Name: Main Building & Additions		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	157 Inpatient 28560 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	5 Inpatient Days 1112	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging Pharmaceutical	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	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: 03	Buildir	ng Name: Gift Shop		
Type of Service Prov	rided			
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	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: West Wing & Addition				
Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	21 Inpatient Days 5316	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		
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 21	Cesarean/Deliv	X Central Plant		

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Building Number:	01	Building Name: Good	dyear Wing		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 18 Bed	Inpatient 2987 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 10 Bed	Inpatient 2645 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 / 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	28	28

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Building Number:	02	Building Name: Ma	ain Building & Additions		
Medical / Surgical	(Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 157 Bed	Inpatient 2856 Days 0	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 N Nursery	lewborn	Intermediate Card	
Inpatient 5 Bed	Inpatient 1112 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr 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	162	162

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Building Number:	03	Building Name:	Gift Shop		
Medical / Surgical	(Include GYN)	Acute Respira	atory 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	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 / 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	0	0

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Building Number: 04	Building Name: West Wing	g & Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	atient 0 Inpatient 0 Inpatient pays	0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	atient 0 Inpatient 0 Inpatient pays	0
Pediatric	intensive Care Newborn Nursery	n Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient Days	atient 0 Inpatient 0 Inpatient Days	0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 10 Inpatient 2244 Days	Inpatient 0 Inpat Bed Days	Inpatient 0 Inpatient Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Beds t Building Per Building Per Unit Service	
Inpatient 11 Inpatient 3072 Days	Inpatient 0 Inpat Bed Days		21

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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	Goodyear Wing	
02	Main Building & Additions	$\overline{\sqcap}$
03	Gift Shop	П
04	West Wing & Addition	П
05	South Wing	П
06	North Wing & OB/Gyn Addition	П
07	Ambulatory Surgery & OB/Gyn Add'n	П
08	E.R. Addition	П
09	E.R. Addition Bridge	П
10	Emergency Generator Building	П
11	Service Building	П
12	Bridge Addition	П
13	Brent Street Bridge	
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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)

		Г				
Building Number:	01 Buildir	g Name:	Goodyear Wing			
Type of Servic	e Provided					
			Surgical	X Obstetrion Cesarea		Rehabilitation Therapy
X	Nursing		Anesthesia			Danal Dialysis
	IntensiveCare		1 000000	X Obstetrion		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	X Newborr		Outpatient Surgery
П	Psychiatric		Radiological/ Imaging	WellBab	У	
	Nursing		Pharmaceutical	Emergei	ncy	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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

Building Number:	02	Building Name:	Main Building & A	dditions						
Type of Service Provided										
			X Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy				
X	Nursing	[2	X Anesthesia							
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
X	Pediatric/Adol escent		Clinical Lab	Novebour/	Х	Outpatient Surgery				
			X Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutica	al Emergency	X	Central Plant				
	Obstetrical Ante/Postprtur	m _		Nuclear	Х	Support				
			X Dietetic	Medicine		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:	Gift Shop									
Type of Service Provided												
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing	lг	Anesthesia									
П	IntensiveCare	_			Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol		Clinical Lab		•		Outpatient					
	escent		Radiologica	I/	Newborn/ WellBaby	Ш	Surgery					
	Psychiatric Nursing		Imaging		_							
			Pharmaceut	tical	Emergency		Central Plant					
Ш	Obstetrical Ante/Postprtu	m [Dietetic		Nuclear Medicine	X	Support Services					
	Intermediate Care		Administrati	on								
П	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:	04	Building Name:	West Wing & Addition								
Type of Service Provided											
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing		Anesthesia								
X	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis					
	Pediatric/Ado	ı	X Clinical Lab	Newborn/		Outpatient Surgery					
	Psychiatric		Radiological/ Imaging	WellBaby		g.,					
	Psychiatric Nursing		Pharmaceutical	Emergency	Х	Central Plant					
	Obstetrical Ante/Postprtu	ım _		Nuclear	Х	Support					
			Dietetic	Medicine		Services					
	Intermediate Care		Administration								
			Auministration								
	Skilled Nursin	ig I									

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			IDUCIIAVCIILUIA		

Building Number: 01		Building Na	me: Goodyear Wing				
Configuration .	N/A						
Type of Servi	ice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_			ocarrian
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numb	er: 02	Building Na	me: Main Building	& Additions			
Configuration:	N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	$\overline{\mathbf{x}}$	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing	X	Administration	Ш	Nuclear Medicine	[X]	Support Services

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Building Numb	er: 03	Building Na	me: Gift Shop							
Configuration:	N/A									
Type of Ser	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	П	Emergency		Central Plant			
	Intermediate Care		Dietetic							
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services			

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		·	IBuenaventura			

Building Numb	er: 04	Building Na	me: West Wing & Add	dition				
Configuration	N/A							
Type of Ser	Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic		Line.goney	_	Contract faint	
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

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Building Numbe	er: 05	Building Na	me: South Wing				
Configuration .	N/A						
Type of Serv	Type of Service Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		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	X	Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Central Plant
	Care		A desiminate de	X	Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

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Building Number: 06 Building Name: North Wing & OB/Gyn Addition									
Configuratior	N/A								
Type of Ser	Type of Service Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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Building Number:	07	Building Na	me: Ambulatory Surg	jery & OB/	Gyn Add'n		
Configuration .	N/A						
Type of Service	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	<u></u>	Lineigonoy	_	Contract fair
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number: 08	Building Na	me: E.R. Addition							
Configuration N/A									
Type of Service Prov	Type of Service Provided								
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Intensiv	eCare	Anesthesia		Obstetrical		Renal Dialysis			
Pediatri escent	c/Adol	Clinical Lab		Recovery					
Psychia Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
Obstetri Ante/Po		Pharmaceutical	X	Emergency		Central Plant			
Interme		Dietetic		Linergency		Osmai Flam			
Care		Administration		Nuclear Medicine	X	Support Services			
Skilled I	nuising								

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Building Number	Building Number: 09 Building Name: E.R. Addition Bridge								
Configuration :	N/A								
Type of Serv	ice 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	П	Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Building Number: 10	Building Number: 10 Building Name: Emergency Generator Building							
Configuration N/A								
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		Emorgonov	X	Central Plant		
Intermediate		Dietetic		Emergency	^_	Cential Flatit		
Care		Administration		Nuclear Medicine		Support Services		
Skilled Nursing								

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Building Numb	er: 11	Building Na	me: Service Building						
Configuratior	Configuration : N/A								
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		Support Services		

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Building Numb	er: 12	Building Na	me: Bridge Addition						
Configuration:	Configuration : N/A								
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 Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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Building Number:	Building Number: 13 Building Name: Brent Street Bridge								
Configuration :	N/A								
Type of Service Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inf	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant		
	termediate		Dietetic		Emergency	Ш	Cential Flant		
Ca	are		Administration		Nuclear Medicine		Support Services		
Sk	killed Nursing		Auministration						

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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: South Wing							
Type of Service Pro	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	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	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		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)

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Building Number: 06 Building Name: North Wing & OB/Gyn Addition									
Type of Service Provided									
X N	Nursing	Inpatient Beds	15] X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
Χı	ntensiveCare	Inpatient Beds	16		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	X Emergency	Central Plant		
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		31						

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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: Ambulatory Surgery & OB/Gyn Add'n									
Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	16	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X 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		16						

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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: E.R. Addition									
Type of Service Provided									
N	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
_ In	ntensiveCare	Inpatient Beds	0		Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant		
	ntermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
S	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		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: E.R. Addition Bridge									
Type of Service Provided									
Nursing	Inpatient Beds	0	Sur	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Ane	esthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clin	ical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		liological/ ging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pha	rmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Diet	tetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Adn	ninistration					
Total Beds this Building		0							

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Building Number: 10	Building	Name: En	nergency G	enerator Building			
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	Support Services	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

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Building Number: 1								
Type of Service Pro	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/Postprtun	Inpatient n Beds	0	Pharmaceution	cal Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administratio	n				
Total Beds this Building	3	0						

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Building Number: 12 Building Name: Bridge Addition						
Type of Service Pro	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient [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	(

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Buildir	Building Number: 13 Building Name: Brent Street Bridge							
Type	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	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:	05 Build	ing Name: Sout	h Wing		
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	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 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	ment
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	0	0

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Building Number:	06 Build	ing Name: North	h Wing & OB/Gyn Additio	n	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 15 Bed	Inpatient 2645 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 2315 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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	31	31

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Building Number:	07 Build	ing Name: Amb	ulatory Surgery & OB/Gy	n Add'n	
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 2645 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 / developr 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	0	16

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Building Number:	08 Build	ing Name: E.R.	Addition		
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	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	ment
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	0	0

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Building Number:	9 Build	ing Name: E.R.	Addition Bridge			
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 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	Int. Care / development Disabled	
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	0	0	

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Building Number:	10 Build	ing Name: Eme	rgency Generator Buildin	g	
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 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 / development Disabled	
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	0	0

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Building Number:	11 Build	ing Name: Serv	ice Building		
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	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	0	0

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Building Number: 1	2 Build	ing Name: Bridg	ge Addition		
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	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	0	0

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Building Number:	13 Build	ing Name: Bren	t Street Bridge		
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 Intermediate Card Nursery			
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	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