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11164 Los

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

Facility Number:	11164
Facility Name:	Los Robles Regional Medical Center
Address:	215 West Janss Road
City:	Thousand Oaks
Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ado	orting: 2011 dress:
Name of Sub	mitter: Patrick Smith
Submission	Date: 1/30/2012 9:09:57 AM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	North Wing / Central Core	215 West Janss Road	Retrofit	SPC2	01/01/2015	01/01/2015
02	South Wing	215 West Janss Road	Retrofit	SPC2	01/01/2015	01/01/2015

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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	North Wing / Central Core	Retrofit/Replacement Project:	Hazus-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comple in Date Date Date	eted Status CEQA Review
11164 HS100033 0		01/07/2010	OPEN No
Building No: 02	South Wing	Retrofit/Replacement Project:	Hazus-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Comple in Date Date Date	eted Status CEQA Review
11164 HS100033 0		01/07/2010	OPEN No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: 01	Buildi	ing Name: North Wing / Central Core			
Type of Service Prov	rided				
X Nursing	Inpatient Beds	45 Inpatient 5547 Days	Surgical	X Obstetrical Recovery	
X IntensiveCare	Inpatient Beds	12 Inpatient Days 2556	Anesthesia	X Newborn/ WellBaby	
X Pediatric/Adol escent	Inpatient Beds	9 Inpatient Days 768	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	29 Inpatient Days 4514	X Pharmaceutical	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	2003	Total Beds this 95 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: South Wing		
Type of Service Prov	vided			
X Nursing	Inpatient Beds	49 Inpatient 6921 Days	X Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X 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
X Obstetrical Ante/Postprtum	Inpatient Beds	11 Inpatient Days 1129	Pharmaceutical	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical Cesarean/Deliv	X Outpatient Surgery
		Total Beds this 60 Building	Cesarean/Deliv	X Central Plant

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:	North Wing / Central Core		
Medical / Surgical	(Include GYN)	Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 45 Bed	Inpatient 5547 Days	Inpatient () Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 29 Bed	Inpatient 4514 Days	Inpatient 0 Bed	D Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 9 Bed	Inpatient 768 Days	Inpatient 12 Bed	2 Inpatient 2556 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	95	95

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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: So	uth Wing		
Medical / Surgical	(Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	:
Inpatient 49 Bed	Inpatient 6921 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 11 Bed	Inpatient 1129 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	60	60

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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	North Wing / Central Core	
02	South Wing	
03	West Wing	
04	New South Wing	\Box
05	Emergency Generator Shed	
06	Emergency Department Addition	\Box
07		
		—

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Submission Date: 01/30/2012

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

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

Building Number:	01 Buildin	g Name: No	orth Wing / Central Co	ore						
Type of Service Provided Surgical Obstetrical Rehabilitation										
X	Nursing		Surgical		Cesarean/Deliv		Therapy			
X	IntensiveCare		Anesthesia	X	Obstetrical Recovery	Х	Renal Dialysis			
X	Pediatric/Adol escent		Clinical Lab	X	Newborn/		Outpatient Surgery			
	Psychiatric		Radiological/ Imaging	Δ	WellBaby		e a gery			
	Nursing	X	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:	02 Buildir	ig Name:	South Wing			
Type of Service	Provided	X	Surgical	X Obstetrical	X	Rehabilitation
X	Nursing	X	Anesthesia	Cesarean/Deliv		Therapy
	IntensiveCare			X Obstetrical Recovery	Х	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	X Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging Pharmaceutical	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Building Numbe	er: 01	Building Na	me: North Wing / Cer	ntral Core			
Configuration	Retrofit Non-Confo	prming building to SPC 2 and NPC 3 and remove from service by 2030					
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical	X	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 02	Building Na	me: South Wing				
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	Х	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Linergency		Central Flant
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Numbe	r: 03	Building Na	me: West Wing				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	x	Emergency		Central Plant
	Intermediate Care		Dietetic				Quantat
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 04	Building Na	me: New South Wi	ng			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number	r: 05	Building Na	me: Emergency Ge	enerator She	ed		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
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		Emergency	X	Central Plant
	Intermediate		Dietetic				
_	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 06	Building Na	me: Emergency De	epartment A	ddition	
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate		Dietetic	<u> </u>	Linergency	Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	: 07	Building Na	me: ICU/CCU				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce 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		Pharmaceutical	_		_	
	Ante/Postprtum				Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services
		•					

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Building Number: 03 Building Name: West Wing										
Туре	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		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		0							

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egional Medical Center

Thousand Oaks

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: 04 Building Name: New South Wing										
<u>Type</u>	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Х	IntensiveCare	Inpatient Beds	20		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		20							

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Buildi	ng Number: 05	Building	Name: En	nergency Ge	enerator Shed		
Туре	e of Service Prov	<u>ided</u>					
	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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			of investions had a business of Complete meruided		

Buildi	ng Number: 06	Building	Name: En	nergency De	epartment Addition		
Тур	e of Service Prov	ided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

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Buildi	ng Number: 07	Building	g Name: IC	J/CCU					
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	10		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		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		10						

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Los Robles Regional Medical Center

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:	03	Buildi	ng Name: Wes	t Wing		
Medical / Surgical (Ir	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	0	0

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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:	04	Buildi	ing Name: Ne	w South Wing		
Medical / Surgical (I	nclude GYN)		Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 20 Bed	Inpatient Days	5990	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	20	20

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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:	05 B	uilding Name: Emergency	Generator Shed	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0
Pediatric		intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0
Intensive Care		Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0
Coronary Care		Chemical Dependency	Total Beds this Total Be Building Per Building Unit Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	06 Build	Emergency Department Add	lition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (excluse N	ewborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric		intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care		Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care		Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	0 0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:)7 Buil	ding Name: ICU/CCU	U		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
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
Pediatric		intensive Care Newbo Nursery	prn	Intermediate Card	
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
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 10 Bed	Inpatient 2828 Days		patient 0 ays	10	10