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

Facility Number:	11205	
Facility Name:	Rideout Mem	orial Hospital
Address:	726 Fourth S	t.
City:	Marysville	
Hospital Owner/Lice	ensee: Fr	emont Rideout Health Group
Year of Rep	orting:	11
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	ny Moddesette
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
05	West Wing (1960)	726 Fourth St.	Replace	SPC5	01/01/2013	01/01/2015
06	North Wing (1925)	726 Fourth St.	Replace	SPC5	01/01/2013	01/01/2015
08	North Wing N-2 (1960)	726 Fourth St.	Replace	SPC5	01/01/2013	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: 05	West Wing (1960)	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
11205 IS081773	0 PPR-RMH-ADDITIONS & ALTERATIONS	10/06/2008 10/21/2009 10/01/2011 01/01/2015 OPEN No
Building No: 06	North Wing (1925)	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
11205 IS081773	0 PPR-RMH-ADDITIONS & ALTERATIONS	10/06/2008 10/21/2009 01/10/2011 OPEN No
Building No: 08	North Wing N-2 (1960)	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
11205 IS081773	0 PPR-RMH-ADDITIONS & ALTERATIONS	10/06/2008 10/21/2009 01/10/2011 OPEN No

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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: 05	Buildi	ng Name: West Wing (1960)		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	38 Inpatient 9562 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	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: 06	Buildi	ng Name: North Wing (1925)		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X 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	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	2000.0020	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: 08	Buildi	ng Name: North Wing N-2 (1960)		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	Support Services  Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		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:	05	Building Name:	West Wing (1960)		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 38 Bed	Inpatient 9562 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 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	38	28

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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:	06	Building Name: North	h Wing (1925)				
Medical / Surgical	(Include GYN)	Acute Respiratory	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 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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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	08	Building Name:	North Wing N-2 (1960)		
Medical / Surgical (	Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C 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 C	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	<u> </u>	
01	Patient Tower/Cath Lab/4th Floor	
01A	Patient Tower Cath Lab	
01C	Registration Building	
02	Central Plant (1960 & 1988)	П
03	Central Plant CP-1 ('92 '98 & 2000)	
04	East Wing (1978)	
05	West Wing (1960)	
06	North Wing (1925)	П
07	North Wing N-1 ('74 '80 & '86 )	П
08	North Wing N-2 (1960)	$\Box$

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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		09 RMH Tower				

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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:	05 Buildin	g Name: W	est Wing (1960)				
Type of Service Provided							
			Surgical		Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery
			Radiological/ Imaging	Ш	WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical				Nuclear		Support
	Ante/Postprtum		Dietetic		Medicine		Services
	Intermediate Care						
	Ouic		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:	06	Building Name:	North Wing (1925)			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	;		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	,   [	Clinical Lab	_		Outpatient
Ш	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	Emergency		Control Diont
	Obstateled		Pharmaceutical	Emergency	Ш	Central Plant
	Obstetrical Ante/Postprtu	m X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	I X	7 Advisoration			
	Skilled Nursin		Administration			

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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:	08	Building Name:	North Wing N-2 (1960)		
Type of Servic	e Provided	_			
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	l	Anesthesia		
	IntensiveCare	; 		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	,   [	Clinical Lab		Outpatient
	escent  Psychiatric		Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	ıg			

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Building Number	r: 01	Building Nar	me: Patient Tower/Ca	th Lab/4tl	n Floor	
Configuration :	N/A					
Type of Servi	ice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	Central Plant
	Intermediate		Dietetic		,	22
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	r: 01A	Building Na	me: Patient Tower C	ath Lab		
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	ice Provided					
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing	X	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:	01C	Building Na	me: Registration B	Building			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	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
1 1 -	bstetrical nte/Postprtum		Pharmaceutical		Emergency	П	Central Plant
	termediate are		Dietetic				
	killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number:	02	Building Na	me: Central Plant (1	1960 & 1988	3)		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	care skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	03	Building Na	me: Central Plant Ci	P-1 ('92 '98	& 2000)		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
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		Emergency	X	Central Plant
	termediate		Dietetic		Lineigency		osman an
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	r: 04	Building Na	me: East Wing (1978	)			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	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		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Number	er: 05	Building Na	me: West Wing (1960)	)					
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9					
Type of Ser	Type of Service Provided								
X	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		Dietetic				Co.mar ian		
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Building Number:	06	Building Nar	me: North Wing (1925	5)			
Configuration:	Replace with new	SPC 5 and N	IPC 4 or NPC 5 buildin	g			
Type of Service Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate	X	Dietetic		Lineigoney	<b>□</b>	Contrar lant
— Ca ☐ Sk	illed 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 Name: North Wing N-1 ('74 '80 & '86 )										
Configuration :	Replace with new	SPC 5 and I	NPC 4 or NPC 5 build	ding						
Type of Servi	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		Pharmaceutical		E		Ocatori Blood			
	Intermediate		Dietetic		Emergency		Central Plant			
	Care				Nuclear Medicine		Support Services			
	Skilled Nursing		Administration							

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Building Numbe	er: 08	Building Na	me: North Wing N-2 (1	1960)					
Configuration :	Replace with new	SPC 5 and I	NPC 4 or NPC 5 building	9					
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		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services		

Report Year:
Report Year:

Building Number: 01	Buildiı	ng Name: Pa	tient Tower/Cath Lab/4th Floor						
Type of Service Provided									
X Nursing	Inpatient Beds	24	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	12	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	X 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		36							

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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: 01A									
Тур	Type of Service Provided									
X	Nursing	Inpatient Beds	24	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	12	X	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	X Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		36							

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Building Number: 0									
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	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	3	0							

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Building Number: 02										
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: 03	Building	g Name: Ce	ntral Plant CP-1 ('9	2 '98 & 2000)						
Type of Service Provided										
Nursing	Inpatient Beds	0	Surgio		Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesth	nesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinica		Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiol Imagir	·     11	lewborn/ VellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharm	aceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	Dieteti		luclear /ledicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Admin	istration						
Total Beds this Building		0								

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Buildi	ng Number: 04									
Тур	Type of Service Provided									
X	Nursing	Inpatient Beds	49		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
П	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	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		49							

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Buildin	Building Number: 07 Building Name: North Wing N-1 ('74 '80 & '86)									
<u>Type</u>	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	Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

Report Status: **Data Last Update**: 01/10/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Building Number:	Build	ing Name: Patie	ent Tower/Cath Lab/4th F	loor		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 24 Bed	Inpatient 6039 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	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 Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 12 Bed	Inpatient 3019 Days	Inpatient 0	Inpatient 0 Days	36	36	

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Building Number:	D1A Build	ing Name: Patie	ent Tower Cath Lab		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 24 Bed	Inpatient 6039 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 12 Bed	Inpatient 3019 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building F Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	36	36

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Building Number:	01C Build	ing Name: Regi	stration 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 Ne	wborn / GYN)	Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 / develop	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	0	0	

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Building Number:	02	Building Name: Cent	ral Plant (1960 & 1988)			
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	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	wborn	Intermediate Card		
Inpatient 0	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	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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Building Number:	03 Build	Building Name: Central Plant CP-1 ('92 '98 & 2000)			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 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 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0	

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Building Number:	4 Build	ing Name: East	Wing (1978)		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 49 Bed	Inpatient 12329 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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	/born	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 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	Inpatient 0	49	49

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Building Number: 07	7 Buildi	ing Name: North	n Wing N-1 ('74 '80 & '86 )	)	
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	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	0	0