

Report Year:

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

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

Facility Number:

11527

Facility Name:

Helford Clinical Research Hosp At City Of Hope

Address:

1500 E. Duarte Rd.

City:

Duarte

Hospital Owner/Licensee:

City of Hope National Medical Center

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

David Wade

Submission Date:

1/29/2012 3:00:00 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
02	Northwest	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	08/01/2005
03	Machris	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	08/01/2005
04	Main Medical	1500 E. Duarte Rd.	Retrofit	SPC2	01/01/2013	01/01/2014
10	Boiler Building	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	06/01/1995

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:	02	Northwest	Retrofit/Replacement Project:	Yes-Submitted					
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11527	HL980988	0	REPLACEMENT HOSPITAL	06/16/1998	08/16/2001	09/13/2001		CLSD	No

Building No:	03	Machris	Retrofit/Replacement Project:	Yes-Submitted					
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11527	HL980988	0	REPLACEMENT HOSPITAL	06/16/1998	08/16/2001	09/13/2001		CLSD	No

Building No:	04	Main Medical	Retrofit/Replacement Project:	Hazus-Submitted					
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11527	HL980988	0		06/16/1998	08/16/2001			CLSD	No

Building No:	10	Boiler Building	Retrofit/Replacement Project:	Yes-Planned					
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11527	HL931688	0		02/04/1994	03/16/1995	03/14/1995		CLSD	No

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

Building Number: 02

Building Name: Northwest

Type of Service Provided

Nursing Inpatient Beds 0 Inpatient Days 0

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

Surgical

Obstetrical Recovery

Anesthesia

Newborn/WellBaby

Clinical Lab

Emergency

Radiological/Imaging

Nuclear Medicine

Pharmaceutical

Dietetic

Rehabilitation Therapy

Administration

Renal Dialysis

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

Central Plant

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

Building Number: 03

Building Name: Machris

Type of Service Provided

Nursing Inpatient Beds 0 Inpatient Days 0

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

Surgical

Obstetrical Recovery

Anesthesia

Newborn/WellBaby

Clinical Lab

Emergency

Radiological/Imaging

Nuclear Medicine

Pharmaceutical

Rehabilitation Therapy

Dietetic

Renal Dialysis

Administration

Outpatient Surgery

Support Services

Obstetrical Cesarean/Deliv

Central Plant

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

Building Number: 04

Building Name: Main Medical

**Type of Service Provided**

Nursing Inpatient Beds 0 Inpatient Days 0

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adol escent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

Surgical

Obstetrical Recovery

Anesthesia

Newborn/ WellBaby

Clinical Lab

Emergency

Radiological/ Imaging

Nuclear Medicine

Pharmaceutical

Dietetic

Rehabilitation Therapy

Administration

Renal Dialysis

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

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:

02

Building Name:

Northwest

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**



## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: Machris

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04

Building Name: Main Medical

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 10

Building Name: Boiler Building

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number	Building Name	Building to be Removed
02	Northwest	<input type="checkbox"/>
03	Machris	<input type="checkbox"/>
04	Main Medical	<input type="checkbox"/>
05	ICU	<input type="checkbox"/>
06	Wing 1	<input type="checkbox"/>
07	Wing 5	<input type="checkbox"/>
08	Wing 6	<input type="checkbox"/>
09	Food Service Facility	<input type="checkbox"/>
10	Boiler Building	<input type="checkbox"/>
11	Chiller Addition	<input type="checkbox"/>
12	Helford Clinical Reasearch Hospital	<input type="checkbox"/>

Report Year:

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Helford Clinical Research Hosp At City Of  
Hope

Duarte

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Report Status: **Data Last Update:** 01/23/2012

**Submission Date:** 01/29/2012

**Print Date:** 2/1/2012 3:39 PM

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

Building Number:

02

Building Name:

Northwest

### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Administration                |  |
| <input type="checkbox"/> Skilled Nursing               |   |  |  |

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

Building Number:

03

Building Name:

Machris

### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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

Building Number:

04

Building Name:

Main Medical

### Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		



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

Building Number:

10

Building Name:

Boiler Building

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Northwest

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Machris

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Main Medical

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

ICU

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Wing 1

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

07

Building Name:

Wing 5

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

08

Building Name:

Wing 6

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration



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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

09

Building Name:

Food Service Facility

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

10

Building Name:

Boiler Building

Configuration

N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

Nuclear Medicine

Support  
Services

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

11

Building Name:

Chiller Addition

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Dietetic

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Administration

Skilled Nursing

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

12

Building Name:

Helford Clinical Research Hospital

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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: ICU

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

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: 06

Building Name: Wing 1

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="25"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="25"/>			

**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:  Building Name:

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="23"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="23"/>			

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: Wing 6

**Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="25"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input type="checkbox"/>	Rehabilitation Therapy
<input type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Anesthesia				
<input type="checkbox"/>	Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Obstetrical Recovery	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Radiological/ Imaging	<input type="checkbox"/>	Newborn/ WellBaby	<input type="checkbox"/>	Outpatient Surgery
<input type="checkbox"/>	Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Central Plant
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Dietetic	<input type="checkbox"/>	Nuclear Medicine	<input type="checkbox"/>	Support Services
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Administration				
	Total Beds this Building		<input type="text" value="25"/>						



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: Food Service Facility

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**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:

Building Name:

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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:

12

Building Name:

Helford Clinical Research Hospital

**Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="108"/>	<input checked="" type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Rehabilitation Therapy
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="18"/>	<input checked="" type="checkbox"/>	Anesthesia				
<input checked="" type="checkbox"/>	Pediatric/Adol escent	Inpatient Beds	<input type="text" value="18"/>	<input checked="" type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Obstetrical Recovery	<input type="checkbox"/>	Renal Dialysis
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Radiological/ Imaging	<input type="checkbox"/>	Newborn/ WellBaby	<input checked="" type="checkbox"/>	Outpatient Surgery
<input type="checkbox"/>	Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Central Plant
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Dietetic	<input checked="" type="checkbox"/>	Nuclear Medicine	<input checked="" type="checkbox"/>	Support Services
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/>	Administration				
	Total Beds this Building		<input type="text" value="144"/>						

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

Building Name:

ICU

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Name:

Wing 1

**Medical / Surgical (Include GYN)**

Inpatient Bed

25

Inpatient Days

0

**Acute Respiratory Care**

Inpatient Bed

0

Inpatient Days

0

**Acute Psychiatric**

Inpatient Bed

0

Inpatient Days

0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed

0

Inpatient Days

0

**Burn**

Inpatient Bed

0

Inpatient Days

0

**Skilled Nursing**

Inpatient Bed

0

Inpatient Days

0

**Pediatric**

Inpatient Bed

0

Inpatient Days

0

**intensive Care Newborn Nursery**

Inpatient Bed

0

Inpatient Days

0

**Intermediate Card**

Inpatient Bed

0

Inpatient Days

0

**Intensive Care**

Inpatient Bed

0

Inpatient Days

0

**Rehabilitation Center**

Inpatient Bed

0

Inpatient Days

0

**Int. Care / development Disabled**

Inpatient Bed

0

Inpatient Days

0

**Coronary Care**

Inpatient Bed

0

Inpatient Days

0

**Chemical Dependency**

Inpatient Bed

0

Inpatient Days

0

**Total Beds this Building Per Unit**

25

**Total Beds this Building Per Service**

25

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:

07

Building Name:

Wing 5

**Medical / Surgical (Include GYN)**Inpatient  
Bed

23

Inpatient  
Days

2458

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

23

**Total Beds this  
Building Per  
Service**

23

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:

08

Building Name:

Wing 6

**Medical / Surgical (Include GYN)**Inpatient  
Bed

25

Inpatient  
Days

5100

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

25

**Total Beds this  
Building Per  
Service**

25

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:

09

Building Name:

Food Service Facility

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**



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: 11

Building Name: Chiller Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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:

12

Building Name:

Helford Clinical Reasearch Hospital

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit**

144

**Total Beds this Building Per Service**

144