Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:1 of 28

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

Facility Number:	12012	
Facility Name:	St. Mary Medical Center	
Address:	1050 Linden Ave.	
City:	Long Beach	
Hospital Owner/Lice	ensee: St. Mary's Medical Center	
Year of Rep	orting: 2011	
Contact 1 e-mail Ac	Idress:	
Contact 2 e-mail Ac	Idress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	mitter: Robert Omens	
Submission	Date: 1/29/2012 3:00:00 PM	

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:2 of 28

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Bauer Wing	1050 Linden Ave.	Retrofit	SPC2	01/01/2013	12/08/2014
03	West Wing	1050 Linden Ave.	Remove	N/A	01/01/2013	12/08/2014
05	South Wing	1050 Linden Ave.	Remove	N/A	01/01/2013	12/08/2014

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:3 of 28

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	Bauer Wing		Retrofit/Replacen Project:	nent H	azus-Planne	ed
Facility Number	Project Sub Number Num	Scope		pproved Proj. Start Date Date	Proj. Completed Date	d Status	CEQA Review
12012	IL082870	0	12/24/2008	02/02/2011 12/22/20	11 12/31/2014	OPEN	No

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:4 of 28

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: Bauer Wing		
Type of Service Prov	vided			
X Nursing	Inpatient Beds	218 Inpatient 14320 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	62 Inpatient Days 8150	Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	28 Inpatient Days 1483	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	25 Inpatient Days 9767	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:5 of 28

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

Building Number: 03	Buildi	ng Name: West Wing		
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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery
		Building	Gesaledii/Deliv	Central Plant

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:6 of 28

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: South Wing		
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	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

2011

12012

St. Mary Medical Center

Long Beach

Page:7 of 28

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: Baue	er Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 218 Bed	Inpatient Days 1432	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 25 Bed	Inpatient 9767 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 28 Bed	Inpatient 1483 Days	Inpatient 15 Bed	Inpatient 1891 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 39 Bed	Inpatient 5194 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 8 Bed	Inpatient 1065 Days	Inpatient 0 Bed	Inpatient 0 Days	333	333

2011

12012

St. Mary Medical Center

Long Beach

Page:8 of 28

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: Wes	t Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

12012

St. Mary Medical Center

Long Beach

Page:9 of 28

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: Soil	uth Wing		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care 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	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

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:10 of 28

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	Bauer Wing	
02	MRI Building	
03	West Wing	X
04	East Wing	
05	South Wing	X
06	Emergency / Generator Building	
	01 02 03 04	Number Name O1 Bauer Wing O2 MRI Building O3 West Wing O4 East Wing O5 South Wing

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:11 of 28

Provide the number of ir from acute care services			type of service for the year of	2008, 2009	and 2010 for build	dings t	o be removed
Building 03 Number:	Building Name:	West Wing			Year of Information:	20)11
				Inform Of:	nation Current As		
Type of Services Provided							
Nursing	Inpatient Beds	0	Surgical		ostetrical esarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab		ostetrical ecovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging		ewborn/ ellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	En	nergency		Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic		ıclear edicine		Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	0	Administration				

Report Year:	2011	12012	St. Mary Medical Center	Long Beach	Page:12 of 28
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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 05 Number:	Building Name:	South Wing	J	Year of Information:	2011		
				Information Current As Of:			
Type of Services Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	X 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 Total Beds this Building	0	Administration				

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:13 of 28

Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? OutpatientSurgery N/A
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Rehabilitation Therapy N/A South Wing N/A
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Renal Dialysis N/A

Report Year:	2011		12012		St. Mary Medical Center	Long Beach	Page:14 of 28
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Ba	auer Wing					
Type of Service Provided									
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing			Anesthesia					
X	IntensiveCare					Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adolescent	[X	Clinical Lab				Outpatient	
_	escent		X	Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		X	Pharmaceutical	X	Emergency	X	Central Plant	
X	Obstetrical Ante/Postprtu	ım			X	Nuclear	Х	Support	
	, into/i cotpitu			Dietetic		Medicine	ш	Services	
	Intermediate Care		_						
				Administration					
	Skilled Nursin	ng							

Report Year:	2011	12012	St. Mary Medical Center	Long	g Beach	Page:15 of 28
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	West Wing						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia						
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis			
П	Pediatric/Ado	ı	Clinical Lab		Х	Outpatient			
Ш	escent		Radiological/ Imaging	Newborn/ WellBaby	لتنا	Surgery			
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
	Obstetrical		_			•			
ш	Ante/Postprtu		Dietetic	Nuclear Medicine	Ш	Support Services			
П	Intermediate								
_	Care		Administration						
	Skilled Nursin	ng							

Report Year:	2011	12012	St. Mary Medical Center	Long Beach	Page:16 of 28
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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	Building Name:	South Wing						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	Nursing		Anesthesia						
	IntensiveCare	,		Obstetrical Recovery	X	Renal Dialysis			
_	Pediatric/Ado	, [Clinical Lab	_		Outpatient			
	escent		Radiological/	Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		Imaging Dharmacautical	Emergency		Central Plant			
	Obstetrical		Pharmaceutical	Lineigency		Central Plant			
	Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services			
	Intermediate Care		Administration						
	Skilled Nursin	g							

Report Year:	2011	12012	St. Mary Medical Center	Long Beach	Page:17 of 28
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Building Numbe	r: 01	Building Na	me: Bauer Wing					
Configuration:	Remove from GAC	Service by	1/1/2030					
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
X	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant	
	Intermediate		Dietetic	<u>.</u>			ooa.	
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services	

Report Year:	2011	12012	St. Mary Medical Center		Long Beach	Page:18 of 28
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Building Number:	02	Building Na	me: MRI Building		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Service	ce Provided				
	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	ntermediate		Dietetic	gee,	22
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

Report Year:	2011	12012	St. Mary Medical Center]	Long Beach	Page:19 of 28
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Building Number:	03	Building Nar	me: West Wing			
Configuration .	N/A					
Type of Service	Provided					
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia	Obstetrical		Renal Dialysis
l l	ediatric/Adol cent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
Int	termediate		Dietetic	Linergency		Comman Tank
	are killed Nursing		Administration	Nuclear Medicine		Support Services

Report Year: 2011 12012 St. Mary Medical Center Long Beach Page:20 of 28

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:	04	Building Na	me: East Wing				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
X N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X In	tensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
_	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate	X	Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2011	12012	St. Mary Medical Center		Long Beach	Page:21 of 28
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Building Numbe	r: 05	Building Na	me: South Wing			
Configuration :	N/A					
Type of Serv	rice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	X	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	Emergency		Central Frant
	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

Report Year:	2011	12012	St. Mary Medical Center	Long Beach	Page:22 of 28
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Building Numb	er: 06	Building Na	me: Emergency / Ge	nerator Bu	uilding	
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Ser	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011		12012		St. Mary Medical Center		Long Beach	Page:23 of 28
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02	Buildir	ng Name: MR	I Building							
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	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 Year: 2011 12012 St. Mary Medical Center Long Beach Page:24 of 28

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: 04										
Туре	Type of Service Provided										
X	Nursing	Inpatient Beds	46	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	10	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		56								

Report Year:	2011	12012	St. Mary Medical Center	Long Beach	Page:25 of 28
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 0	6 Buildir	ng Name: En	nergency / Generator Building							
Type of Service Provided										
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtui	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	g Inpatient Beds	0	Administration							
Total Beds this Building	S	0								

Report Status: **Data Last Update**: 12/11/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

2011

12012

St. Mary Medical Center

Long Beach

Page:26 of 28

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:	02 Build	ing Name: MRI	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 N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

12012

St. Mary Medical Center

Long Beach

Page:27 of 28

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:	4 Build	ing Name: East	t Wing		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10	Inpatient 1260 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 46 Bed	Inpatient 7763 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	56	56

2011

12012

St. Mary Medical Center

Long Beach

Page:28 of 28

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:	6 Build	Building Name: Emergency / Generator Building			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 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 Days	0 0	