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

Facility Number:	12823		
Facility Name:	Healds	urg District Hospital	
Address:	1375 U	iversity Street	
City:	Healds	Healdsburg	
Hospital Owner/Lic	ensee:	North Sonoma County Hospital District	
Year of Rep	oorting:	2011	
Contact 1 e-mail Ac	ddress:		
Contact 2 e-mail Ac	ddress:		
Contact 3 e-mail Ad	dress::		
Name of Sub	omitter:	Gary Schilling	
Submissior	n Date:	1/30/2012 9:28:49 AM	

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital Building	1375 University Street	Retrofit	SPC2	01/01/2013	04/01/2011

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

Building No: 01	Main Hospital Building	Retrofit/Replacement Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12823 HS082091	0 SEISMIC UPGRADE USING CAN FILE #2- 3403A.2.3.3 SPC1 TO SPC2 UPGRADE	11/24/2008 06/29/2009 08/17/2009 03/01/2011 OPEN No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 01 Main Hospital Building **Building Name: Type of Service Provided** Х **Obstetrical** Х Surgical Inpatient 17 Inpatient 2538 Nursing Recovery Days Beds Newborn/ X IntensiveCare **Inpatient Days** Inpatient 4 580 Anesthesia X WellBaby Beds Emergency **Clinical Lab** Х Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds Nuclear X Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation Obstetrical Inpatient 5 **Inpatient Days** 0 Х Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient Services Surgery X Inpatient Days 6308 Skilled Nursing Inpatient 17 Beds Obstetrical Total Beds this 43 Cesarean/Deliv X **Central Plant** Building

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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:	01 Bui	ilding Name: Mair	Hospital Building		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 2538 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 5 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17 Bed	Inpatient 6308 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 4 Bed	Inpatient 580 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	43	43

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

Building Number	Building Name	Building to be Removed
01	Main Hospital Building	
02	Entrance Addition	\Box
03	CT Scanner Addition	\Box
04	Mechanical/Electrical Addition	\Box
05	Materials Management Addition	
	Number 01 02 03 04	Number Name 01 Main Hospital Building 02 Entrance Addition 03 CT Scanner Addition 04 Mechanical/Electrical Addition

 Report Status:
 Data Last Update:
 10/28/2011
 Submission Date:
 01/30/2012
 Print Date:
 1/30/2012 12:45 PM

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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 B	uilding Name:	Main Hospital Building			
Type of Servic	e Provided		Surgical	Obstetrical		nabilitation
X	Nursing		Anesthesia	Cesarean/Deliv	- The	erapy
X	IntensiveCare		_	Obstetrical Recovery	Rer	nal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/	Out Sur	tpatient gery
	Psychiatric Nursing		Kadiological/ Imaging			
X	Obstetrical		Pharmaceutical	Emergency	X Cer	ntral Plant
	Ante/Postprtum		Dietetic	Nuclear Medicine	X Sup Ser	oport vices
	Intermediate Care		Administration			
X	Skilled Nursing					

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Building Number: 01		Building Na	me: Main Hospital Bui	lding					
Configuration Retrofit Non-Configuration		orming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servi	ce Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	x	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	x	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1431	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	Intermediate Care		Dietetic				Quere est		
_	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Building Numbe	er: 02	Building Na	me: Entrance Addi	tion				
Configuration	Retrofit Conformin	g building to NPC 4 or NPC 5						
Type of Serv	vice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine	x	Support Services	

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Building Numbe	er: 03	Building Na	me: CT Scanner A	ddition			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	Х	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_		_	
	Ante/Fostphum		Dietetic		Emergency		Central Plant
	Intermediate Care				Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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

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Building Number:	Building Number: 05 Building Name: Materials Management Addition								
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Servio	ce Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Dbstetrical Ante/Postprtum		Pharmaceutical	_	_				
_	·		Dietetic		Emergency		Central Plant		
	ntermediate Care				Nuclear Medicine	X	Support Services		
s	Skilled Nursing		Administration				Cervices		

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Building Number: 02 Building Name: Entrance Addition								
Тур	e of Service Prov	ided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	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		0					

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

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Buildi						
Туре	e of Service Prov	ided				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	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 Numbe								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensive	eCare Inpatient Beds	0		Anesthesia				
Pediatric escent	:/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiat	ric Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetric Ante/Pos		0		Pharmaceutical	Emergency	Central Plant		
Intermed Care	liate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Skilled N	lursing Inpatient Beds	0		Administration				
Total Be Building	ds this	0						

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Building Number:	02 Build	ding Name: Entrance Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	0 0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classi SPC-4, and SPC-5 per Section 130061(e)								
Building Nu	ımber:)3	Building Name:	CT Scanner Addition				

as SPC-2, SPC-3,

Building Number:	03 Bı	uilding Name:	Scanner Addition		
Medical / Surgical (I	nclude 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 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 No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

Re	eport Year: 2011	12823 Healdsburg	g District Hospital	He	ealdsburg	Page:20 of 21			
	Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: 04 Building Name: Mechanical/Electrical Addition									
	Medical / Surgical (Inc	lude 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 Nev	vborn / 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 Bed	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 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			

Coronary Care

Inpatient Bed Inpatient 0 Days

> 0 Bed

Inpatient 0

Chemical

Dependency

Total Beds this Total Beds this **Building Per**

Building Per Service

		C

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Submission Date: 01/30/2012

Inpatient

. Days

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

0

Unit

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)						
Building Number: 05 Building Name:			Materials Management Addition			
Medical / Surgical (Include	Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Inpa Bed Day	atient 0 /S	Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed		Inpatient 0 Days
Perinatal (excluse Newborn	Burn	Skilled	Skilled Nursing			
Inpatient 0 Inpa Bed Day	atient 0 /s	Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed		Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Interm	Intermediate Card	
Inpatient 0 Inpa Bed Day	atient 0 /s	Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Ca Disabl	re / developm ed	ent
Inpatient 0 Inpa Bed Day	atient 0 /s	Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed		Inpatient 0 Days
Coronary Care		Chemical Dependency			Beds this ng Per	Total Beds this Building Per Service
Inpatient 0 Inpa Bed Day	atient 0 /s	Inpatient 0 Bed	Inpatient Days	0	0	0