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

| Facility Number:     | 17353                       |
|----------------------|-----------------------------|
| Facility Name:       | Natividad Medical Center    |
| Address:             | 1441 Constitution Boulevard |
| City:                | Salinas                     |
| Hospital Owner/Lice  | nsee: County of Monterey    |
| Year of Repo         | orting: 2011                |
| Contact 1 e-mail Add | dress:                      |
| Contact 2 e-mail Add | dress:                      |
| Contact 3 e-mail Add | ress::                      |
| Name of Subr         | nitter: Andrea Rosenberg    |
| 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 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.<br>No. | Building Name                          | Alternate Building Address  | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|--------------|--|-----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| 02           | Administration (Bldg<br>300)           | 1441 Constitution Boulevard | Replace                | SPC5                            | 01/01/2013        | 12/15/2012                     |
| 05A          | Kitchen & Associated<br>Fac (Bldg 600) | 1441 Constitution Boulevard | Retrofit               | SPC2                            | 01/01/2013        | 12/15/2012                     |
| 08           | Bldg 700 Monterey<br>County Probation  | 1441 Constitution Boulevard | Replace                | SPC5                            | 01/01/2013        | 12/15/2012                     |

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| Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                   |                                      |                               |                           |
|---|-------------------|--------------------------------------|-------------------------------|---------------------------|
| Building Number: 02   | Buildi            | ng Name: Administration (Bldg 300)   |                               |                           |
| Type of Service Prov  | rided             |                                      |                               |                           |
| Nursing   | Inpatient<br>Beds | 0 Inpatient 0<br>Days                | Surgical                      | Obstetrical<br>Recovery   |
| IntensiveCare   | Inpatient<br>Beds | 0 Inpatient Days 0                   | Anesthesia                    | Newborn/<br>WellBaby      |
| Pediatric/Adol<br>escent  | Inpatient<br>Beds | 0 Inpatient Days 0                   | Clinical Lab                  | Emergency                 |
| Psychiatric<br>Nursing  | Inpatient<br>Beds | 0 Inpatient Days 0                   | Radiological/<br>Imaging      | Nuclear<br>Medicine       |
| Obstetrical<br>Ante/Postprtum   | Inpatient<br>Beds | 0 Inpatient Days 0                   | Pharmaceutical Dietetic       | Rehabilitation<br>Therapy |
| Intermediate<br>Care  | Inpatient<br>Beds | 0 Inpatient Days 0                   |                               | Renal Dialysis            |
| Skilled Nursing   | Inpatient<br>Beds | 0 Inpatient Days 0                   | Support<br>Services           | Outpatient<br>Surgery     |
|   |                   | Total Beds this <b>0</b><br>Building | Obstetrical<br>Cesarean/Deliv | Central Plant             |

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2011

## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 05A **Building Name:** Kitchen & Associated Fac (Bldg 600) **Type of Service Provided Obstetrical** Surgical 0 Nursing Inpatient 0 Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds X Support Outpatient Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

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2011

## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 08 **Building Name: Bldg 700 Monterey County Probation Type of Service Provided Obstetrical** Surgical 0 Nursing Inpatient 0 Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient Support Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Salinas

## 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: Ad           | ministration (Bldg 300) |   |  |
|--------------------|---------------------|-----------------------------|-------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respirato             | ry Care                 | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                        |                         | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care N<br>Nursery | ewborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center    |                         | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency      |                         | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>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: 05A  | Building Name: Kitchen & Associated Fac | c (Bldg 600)   |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                  | Acute Psychiatric  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                                    | Skilled Nursing  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery       | Intermediate Card  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center                | Int. Care / development<br>Disabled  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency                  | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     |  |  |  |  |  |  |

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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: Bldg 700 Monterey Cou  | unty Probation   |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                | Acute Psychiatric  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Perinatal (excluse Newborn / GY   | N) Burn                               | Skilled Nursing  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery     | Intermediate Card  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center              | Int. Care / development<br>Disabled  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency                | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days | 0 0  |  |  |  |  |  |

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

| Building<br>Number | Building<br>Name                    | Building to<br>be Removed |
|--------------------|-------------------------------------|---------------------------|
| 01                 | Extended Care Services (Bldg 100)   |                           |
| 02                 | Administration (Bldg 300)           |                           |
| 03                 | Food Serv/Central Plant (Bldg 580)  |                           |
| 04                 | Acute Care (Building 500)           |                           |
| 05                 | Material Management (Bldg 600)      |                           |
| 05A                | Kitchen & Associated Fac (Bldg 600) |                           |
| 06                 | Inpatient Mental Health (Bldg 940)  |                           |
| 07                 | Generator Building (Bldg 980)       |                           |
| 08                 | Bldg 700 Monterey County Probation  |                           |
| C!                 | Canopy                              |                           |
| C2                 | Canopy                              |                           |
| C3                 | Canopy                              |                           |
| C4                 | Canopy                              |                           |
| C5                 | Canopy                              |                           |

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|              |            |                          |         |               |

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

| Building Number: | 02 Build                      | ng Name: | Administration (Bldg 3   | 300)                          |                           |
|------------------|-------------------------------|----------|--------------------------|-------------------------------|---------------------------|
| Type of Service  | e Provided                    |          |                          |                               |                           |
|                  |                               |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                  | Nursing                       |          | Anesthesia               |                               |                           |
|                  | IntensiveCare                 |          |                          | Obstetrical<br>Recovery       | Renal Dialysis            |
|                  | Pediatric/Adol                |          | Clinical Lab             | _                             | Outpatient                |
|                  | escent<br>Psychiatric         |          | Radiological/<br>Imaging | WellBaby                      | Surgery                   |
|                  | Nursing                       |          | Pharmaceutical           | Emergency                     | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |
|                  | Intermediate<br>Care          |          | 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: | 05A Build                     | ling Name: | Ki | tchen & Associated                         | Fac (Bldg | <b>j</b> 600)                 |   |                           |
|------------------|-------------------------------|------------|----|--|-----------|-------------------------------|---|---------------------------|
| Type of Servic   | e Provided                    | [          |    | Surgical                                   |           | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                  | Nursing                       |            |    | Anesthesia                                 |           | Obstetrical                   |   | Renal Dialysis            |
|                  | Pediatric/Adol<br>escent      |            |    | Clinical Lab                               |           | Recovery<br>Newborn/          |   | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing        |            |    | Radiological/<br>Imaging<br>Pharmaceutical |           | WellBaby<br>Emergency         |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum |            |    | Dietetic                                   |           | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate<br>Care          |            |    | 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: | 08 E                          | Building Name: | Blo | dg 700 Monterey Co                         | ounty Prob | oation                        |                           |
|------------------|-------------------------------|----------------|-----|--|------------|-------------------------------|---------------------------|
| Type of Service  | e Provided                    | [              |     | Surgical                                   |            | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                  | Nursing                       |                |     | Anesthesia                                 |            | Obstetrical                   | Renal Dialysis            |
|                  | Pediatric/Adol<br>escent      |                |     | Clinical Lab                               |            | Recovery<br>Newborn/          | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing        |                |     | Radiological/<br>Imaging<br>Pharmaceutical |            | WellBaby<br>Emergency         | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum |                |     | Dietetic                                   |            | Nuclear<br>Medicine           | Support<br>Services       |
|                  | Intermediate<br>Care          |                |     | Administration                             |            |                               |                           |
|                  | Skilled Nursing               |                |     |  |            |                               |                           |

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| Building Number: 01          | Building Na            | me: Extended Care        | e Services (I | Bldg 100)                     |   |                           |
|------------------------------|------------------------|--------------------------|---------------|-------------------------------|---|---------------------------|
| Configuration Retrofit C     | Conforming building to | NPC 4 or NPC 5           |               |                               |   |                           |
| Type of Service Provided     |                        |                          |               |                               |   |                           |
| X Nursing                    |                        | Surgical                 |               | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| IntensiveCare                | e                      | Anesthesia               |               | Obstetrical                   |   | Renal Dialysis            |
| Pediatric/Add<br>escent      |                        | Clinical Lab             |               | Recovery                      |   |                           |
| Psychiatric<br>Nursing       |                        | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtu |                        | Pharmaceutical           |               | <b>F</b>                      | - |                           |
|                              |                        | Dietetic                 |               | Emergency                     |   | Central Plant             |
| Care                         |                        |                          |               | Nuclear Medicine              |   | Support<br>Services       |
| Skilled Nursir               | ng                     | Administration           |               |                               |   |                           |

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| Building Numbe | er: 02                        | Building Na | me: Administration (I           | Bldg 300) |                               |  |                           |  |  |
|----------------|-------------------------------|-------------|---------------------------------|-----------|-------------------------------|--|---------------------------|--|--|
| Configuration  | Replace with new              | SPC 5 and I | C 5 and NPC 4 or NPC 5 building |           |                               |  |                           |  |  |
| Type of Serv   | vice Provided                 |             |                                 |           |                               |  |                           |  |  |
|                | Nursing                       |             | Surgical                        |           | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
|                | IntensiveCare                 |             | Anesthesia                      |           | Obstetrical                   |  | Renal Dialysis            |  |  |
|                | Pediatric/Adol<br>escent      |             | Clinical Lab                    |           | Recovery                      |  |                           |  |  |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging        |           | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical                  |           | Emergency                     |  | Central Plant             |  |  |
|                | Intermediate<br>Care          |             | Dietetic                        |           |                               |  |                           |  |  |
|                | Skilled Nursing               |             | Administration                  |           | Nuclear Medicine              |  | Support<br>Services       |  |  |

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| Building Number | : 03                          | Building Na   | me: Food Serv/Cer        | ntral Plant (B | 8ldg 580)                     |   |                           |
|-----------------|-------------------------------|---------------|--------------------------|----------------|-------------------------------|---|---------------------------|
| Configuration   | Retrofit Conforming           | g building to | NPC 4 or NPC 5           |                |                               |   |                           |
| Type of Servi   | ce Provided                   |               |                          |                |                               |   |                           |
|                 | Nursing                       | X             | Surgical                 |                | Obstetrical<br>Cesarean/Deliv | Х | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 | X             | Anesthesia               |                | Obstetrical                   |   | Renal Dialysis            |
|                 | X Pediatric/Adol<br>escent    |               | Clinical Lab             |                | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging |                | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum | X             | Pharmaceutical           |                | Emergency                     | X | Central Plant             |
|                 | Intermediate                  | X             | Dietetic                 |                | Linergency                    |   |                           |
| _               | Care<br>Skilled Nursing       |               | Administration           |                | Nuclear Medicine              |   | Support<br>Services       |

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| Building Numbe | r: 04                         | Building Na   | me: Acute Care (Bui      | lding 500) |                               |   |                           |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration  | Retrofit Conforming           | g building to | NPC 4 or NPC 5           |            |                               |   |                           |
| Type of Serv   | ice Provided                  |               |                          |            |                               |   |                           |
| X              | Nursing                       |               | Surgical                 | X          | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X              | IntensiveCare                 |               | Anesthesia               | X          | Obstetrical                   | Х | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             |            | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing        | X             | Radiological/<br>Imaging | X          | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| 1              | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | X          | Emergency                     |   | Central Plant             |
|                | Intermediate<br>Care          |               | Dietetic                 |            |                               |   | 0                         |
| _              | Skilled Nursing               | X             | Administration           | X          | Nuclear Medicine              |   | Support<br>Services       |

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| Building Number | r: 05                         | Building Na   | me: Material Managen     | nent (Bld | g 600)                        |   |                           |
|-----------------|-------------------------------|---------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration   | Retrofit Non-Confo            | orming buildi | ng to SPC 5 and NPC 4    | or NPC    | 5                             |   |                           |
| Type of Servi   | ice Provided                  |               |                          |           |                               |   |                           |
|                 | Nursing                       |               | Surgical                 |           | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 |               | Anesthesia               |           | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |               | Clinical Lab             |           | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           |           |                               | _ |                           |
|                 |                               |               |                          |           | Emergency                     |   | Central Plant             |
|                 | Intermediate<br>Care          |               | Dietetic                 |           | Nuclear Medicine              | X | Support                   |
|                 | Skilled Nursing               |               | Administration           |           |                               |   | Services                  |

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| Building Numbe | er: 05A                       | Building Name: Kitchen & Associated Fac (Bldg 600) |                          |        |                               |   |                           |  |  |  |
|----------------|-------------------------------|--|--------------------------|--------|-------------------------------|---|---------------------------|--|--|--|
| Configuration  | Retrofit Non-Confo            | orming buildi                                      | ng to SPC 5 and NPC 4    | or NPC | 5                             |   |                           |  |  |  |
| Type of Serv   | vice Provided                 |  |                          |        |                               |   |                           |  |  |  |
|                | Nursing                       |  | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
|                | IntensiveCare                 |  | Anesthesia               |        | Obstetrical                   |   | Renal Dialysis            |  |  |  |
|                | Pediatric/Adol<br>escent      |  | Clinical Lab             |        | Recovery                      |   |                           |  |  |  |
|                | Psychiatric<br>Nursing        |  | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |
|                | Obstetrical<br>Ante/Postprtum |  | Pharmaceutical           |        | Emergency                     |   | Central Plant             |  |  |  |
|                | Intermediate                  |  | Dietetic                 |        | Linergeney                    |   | Contrair I ant            |  |  |  |
|                | Care<br>Skilled Nursing       |  | Administration           |        | Nuclear Medicine              | X | Support<br>Services       |  |  |  |

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| Building Numbe | er: 06                        | Building Na   | me: Inpatient Menta      | al Health (Bl | dg 940)                       |   |                           |
|----------------|-------------------------------|---------------|--------------------------|---------------|-------------------------------|---|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |               |                               |   |                           |
| Type of Serv   | vice Provided                 |               |                          |               |                               |   |                           |
|                | Nursing                       |               | Surgical                 |               | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               |               | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             |               | Recovery                      |   |                           |
| X              | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           |               | Emergency                     |   | Central Plant             |
|                | Intermediate                  |               | Dietetic                 |               | Lineigency                    |   | Central Flant             |
|                | Care                          |               | Administration           |               | Nuclear Medicine              | X | Support<br>Services       |
|                | Skilled Nursing               |               |                          |               |                               |   |                           |

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| Building Numbe | r: 07                         | Building Na   | me: Generator Buil       | lding (Bldg 9 | 80)                           |   |                           |
|----------------|-------------------------------|---------------|--------------------------|---------------|-------------------------------|---|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |               |                               |   |                           |
| Type of Serv   | ice Provided                  |               |                          |               |                               |   |                           |
|                | Nursing                       |               | Surgical                 |               | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               |               | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             | Recovery      |                               |   |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           |               | Emergency                     | X | Central Plant             |
|                | Intermediate                  |               | Dietetic                 |               | Linergency                    |   |                           |
|                | Care<br>Skilled Nursing       |               | Administration           |               | Nuclear Medicine              |   | Support<br>Services       |

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| Building Number | r: 08                         | Building Na | me: Bldg 700 Monter      | ey County | Probation                     |                           |
|-----------------|-------------------------------|-------------|--------------------------|-----------|-------------------------------|---------------------------|
| Configuration   | Replace with new              | SPC 5 and I | NPC 4 or NPC 5 buildin   | g         |                               |                           |
| Type of Servi   | ice Provided                  |             |                          |           |                               |                           |
|                 | Nursing                       |             | Surgical                 |           | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 |             | Anesthesia               |           | Obstetrical                   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |             | Clinical Lab             |           | Recovery                      |                           |
|                 | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |           | Emorgonov                     | Central Plant             |
| _               | Intermediate                  |             | Dietetic                 |           | Emergency                     | Central Flant             |
| _               | Care<br>Skilled Nursing       |             | Administration           |           | Nuclear Medicine              | Support<br>Services       |

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| Building Numbe | er: C!                        | Building Na   | me: Canopy               |                               |                           |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |                               |                           |
| Type of Serv   | vice Provided                 |               |                          |                               |                           |
|                | Nursing                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | _                             |                           |
|                | Anten ösiphum                 |               | Distatia                 | Emergency                     | Central Plant             |
|                | Intermediate<br>Care          |               | Dietetic                 | Nuclear Medicine              | Current                   |
|                | Skilled Nursing               |               | Administration           | Nuclear Medicine              | Support<br>Services       |

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| Building Numbe | er: C2                        | Building Na   | me: Canopy               |                               |                           |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |                               |                           |
| Type of Serv   | vice Provided                 |               |                          |                               |                           |
|                | Nursing                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | <b>F</b>                      |                           |
|                |                               |               | Dietetic                 | Emergency                     | Central Plant             |
|                | Intermediate<br>Care          |               |                          | Nuclear Medicine              | Support                   |
|                | Skilled Nursing               |               | Administration           |                               | Services                  |

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| Building Numbe | er: C3                        | Building Na   | me: Canopy               |                               |                           |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |                               |                           |
| Type of Serv   | vice Provided                 |               |                          |                               |                           |
|                | Nursing                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | _                             |                           |
|                | Ano, i ospitali               |               | Dietetic                 | Emergency                     | Central Plant             |
|                | Intermediate<br>Care          |               |                          | Nuclear Medicine              | Support                   |
|                | Skilled Nursing               |               | Administration           |                               | Services                  |

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| Building Numbe | er: C4                        | Building Na   | me: Canopy               |                               |                           |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | Retrofit Conformin            | g building to | NPC 4 or NPC 5           |                               |                           |
| Type of Serv   | vice Provided                 |               |                          |                               |                           |
|                | Nursing                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | Emergency                     | Central Plant             |
|                | Intermediate                  |               | Dietetic                 | Linergency                    | Contrar Frant             |
|                | Care<br>Skilled Nursing       |               | Administration           | Nuclear Medicine              | Support<br>Services       |

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| Building Numbe | er: C5                   | Building Na    | me: Canopy               |                               |          |                           |
|----------------|--------------------------|----------------|--------------------------|-------------------------------|----------|---------------------------|
| Configuration  | Retrofit Conformin       | ng building to | NPC 4 or NPC 5           |                               |          |                           |
| Type of Ser    | vice Provided            |                |                          |                               |          |                           |
|                | Nursing                  |                | Surgical                 | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |
|                | IntensiveCare            |                | Anesthesia               | Obstetrical<br>Recovery       |          | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |                | Clinical Lab             | Recovery                      |          |                           |
|                | Psychiatric<br>Nursing   |                | Radiological/<br>Imaging | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |
|                | Obstetrical              |                | Pharmaceutical           |                               |          |                           |
|                | Ante/Postprtum           |                |                          | Emergency                     |          | Central Plant             |
|                | Intermediate<br>Care     |                | Dietetic                 |                               | <b>—</b> |                           |
|                | Skilled Nursing          |                | Administration           | Nuclear Medicine              |          | Support<br>Services       |
|                |                          | •              |                          |                               |          |                           |

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| Building Number:       01       Building Name:       Extended Care Services (Bldg 100) |                               |                   |    |  |                          |                               |                           |  |  |
|--|-------------------------------|-------------------|----|--|--------------------------|-------------------------------|---------------------------|--|--|
| Type of Service Provided   |                               |                   |    |  |                          |                               |                           |  |  |
| Х  | Nursing                       | Inpatient<br>Beds | 30 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |
|  | IntensiveCare                 | Inpatient<br>Beds | 0  |  | Anesthesia               |                               |                           |  |  |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0  |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0  |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |
|  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0  |  | Pharmaceutical           | Emergency                     | Central Plant             |  |  |
|  | Intermediate<br>Care          | Inpatient<br>Beds | 0  |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |
|  | Skilled Nursing               | Inpatient<br>Beds | 0  |  | Administration           |                               |                           |  |  |
|  | Total Beds this<br>Building   |                   | 30 |  |                          |                               |                           |  |  |

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|              |            |                          |         |               |

| Building Number: 03 Building Name: Food Serv/Central Plant (Bldg 580) |                               |                   |    |   |                          |                               |                             |  |  |  |
|---|-------------------------------|-------------------|----|---|--------------------------|-------------------------------|-----------------------------|--|--|--|
| Туре  | Type of Service Provided      |                   |    |   |                          |                               |                             |  |  |  |
|   | Nursing                       | Inpatient<br>Beds | 0  | X | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |  |  |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0  | X | Anesthesia               |                               |                             |  |  |  |
| X   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 12 | X | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis              |  |  |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0  |   | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |  |  |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0  | X | Pharmaceutical           | Emergency                     | X Central Plant             |  |  |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0  | X | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services         |  |  |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0  |   | Administration           |                               |                             |  |  |  |
|   | Total Beds this<br>Building   |                   | 12 |   |                          |                               |                             |  |  |  |

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|              |      |       |                          |         | -             |

| Buildi |                               |                   |     |   |                          |                                 |                           |
|--------|-------------------------------|-------------------|-----|---|--------------------------|---------------------------------|---------------------------|
| Туре   | e of Service Prov             | <u>ided</u>       |     |   |                          |                                 |                           |
| Х      | Nursing                       | Inpatient<br>Beds | 56  |   | Surgical                 | X Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| Х      | IntensiveCare                 | Inpatient<br>Beds | 25  |   | Anesthesia               |                                 |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0   |   | Clinical Lab             | X Obstetrical<br>Recovery       | X Renal Dialysis          |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0   | X | Radiological/<br>Imaging | X Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| X      | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 27  |   | Pharmaceutical           | X Emergency                     | Central Plant             |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0   |   | Dietetic                 | X Nuclear<br>Medicine           | Support<br>Services       |
|        | Skilled Nursing               | Inpatient<br>Beds | 0   | X | Administration           |                                 |                           |
|        | Total Beds this<br>Building   |                   | 108 |   |                          |                                 |                           |

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|              |      |       |                          |         |               |

| Buildi | ng Number: 05                 | Building          | Name: Ma | aterial Mana | gement (Bldg 600)        |                               |                           |  |  |  |
|--------|-------------------------------|-------------------|----------|--------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Тур    | Type of Service Provided      |                   |          |              |                          |                               |                           |  |  |  |
|        | Nursing                       | Inpatient<br>Beds | 0        |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0        |              | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0        |              | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0        |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0        |              | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0        |              | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0        |              | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building   |                   | 0        |              |                          |                               |                           |  |  |  |

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| Buildi      | ng Number: 06                 | Buildin           | g Name: In | patient Ment | al Health (Bldg 940)     |                               |                           |  |  |
|-------------|-------------------------------|-------------------|------------|--------------|--------------------------|-------------------------------|---------------------------|--|--|
| <u>Type</u> | Type of Service Provided      |                   |            |              |                          |                               |                           |  |  |
|             | Nursing                       | Inpatient<br>Beds | 0          |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |
|             | IntensiveCare                 | Inpatient<br>Beds | 0          |              | Anesthesia               |                               |                           |  |  |
|             | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |              | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |
| X           | Psychiatric<br>Nursing        | Inpatient<br>Beds | 22         |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |
|             | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |              | Pharmaceutical           | Emergency                     | Central Plant             |  |  |
|             | Intermediate<br>Care          | Inpatient<br>Beds | 0          |              | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |
|             | Skilled Nursing               | Inpatient<br>Beds | 0          |              | Administration           |                               |                           |  |  |
|             | Total Beds this<br>Building   |                   | 22         |              |                          |                               |                           |  |  |
|             |                               |                   |            |              |                          |                               |                           |  |  |

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| Buildi | Building Number: 07 Building Name: Generator Building (Bldg 980) |                   |   |  |                          |                               |                           |  |  |  |
|--------|--|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|--|--|
| Тур    | Type of Service Provided   |                   |   |  |                          |                               |                           |  |  |  |
|        | Nursing  | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|        | Obstetrical<br>Ante/Postprtum                                    | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | X Central Plant           |  |  |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building                                      |                   | 0 |  |                          |                               |                           |  |  |  |

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| Building Number: C! Building Name: Canopy |                               |                   |   |  |                          |                               |                           |  |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Type of Service Provided                  |                               |                   |   |  |                          |                               |                           |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |
| П   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |
|   | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |

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| Include information on the number of innationt bods by type of Service provided by buildings that are classified as SPC-2, SPC-3 |      |       |                          |         |               |  |  |

| Building Number: C2 Building Name: Canopy |                               |                   |   |  |                          |                               |                           |  |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Type of Service Provided                  |                               |                   |   |  |                          |                               |                           |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |
|   | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |

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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                   |                               |                   |   |  |                          |                               |                           |  |
|--------------------------|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Type of Service Provided |                               |                   |   |  |                          |                               |                           |  |
|                          | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|                          | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |
|                          | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|                          | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|                          | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |
| П                        | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|                          | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |
|                          | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |

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

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|--------------|------|-------|------|---------|-------|-------|------|--|--|-------|-----|-------|--|---------------|
|              |      |       |      |         |       |       |      |  |  |       |     | <br>• |  | 000 0 000 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)

| Buildi                   |                               |                   |   |  |                          |                               |                           |  |
|--------------------------|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Type of Service Provided |                               |                   |   |  |                          |                               |                           |  |
|                          | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|                          | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |
|                          | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|                          | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|                          | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |
|                          | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|                          | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |
|                          | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |

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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: C5 Building Name: Canopy |                               |                   |   |  |                          |                               |                           |  |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Type of Service Provided                  |                               |                   |   |  |                          |                               |                           |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |
|   | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |
|   |                               |                   |   |  |                          |                               |                           |  |

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|---|---|--|--|--|--|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |   |  |  |  |  |  |  |  |
| Building Number:       01       Building Name:       Extended Care Services (Bldg 100)  |   |  |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                  | Acute Psychiatric  |  |  |  |  |  |  |
| Inpatient 10 Inpatient 20<br>Bed Days   | B53 Inpatient 0 Inpatient Days          | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                                    | Skilled Nursing  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient Bed Days        | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery       | Intermediate Card  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient Bed Days        | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center                | Int. Care / development<br>Disabled  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 20 Inpatient 49<br>Bed Days | 986 Inpatient 0 Inpatient 0<br>Bed Days                                      |  |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency                  | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |  |  |  |  |  |  |



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Inpatient Bed 0

Submission Date: 01/29/2012

0

Inpatient

Days

0

1/30/2012 12:46 PM Print Date:

30

30

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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:       03       Building Name:       Food Serv/Central Plant (Bldg 580)   |                                     |                                     |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric                   |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days |  |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                                | Skilled Nursing                     |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days |  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery   | Intermediate Card                   |  |  |  |  |  |  |
| Inpatient 12 Inpatient 1801<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / development<br>Disabled |  |  |  |  |  |  |

7 6

0

0

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 Inpatient
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 Inpatient

 0
 Inpatient
 0
 Inpatient
 0
 Inpatient

Bed

Int. Care / development Disabled Inpatient 0 Inpatient 0 Bed Days Total Beds this Building Per Unit Service

Service 12

Days

Inpatient Bed

Inpatient

Bed

**Coronary Care** 

**-** -

Submission Date: 01/29/2012

Days

12

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

| Building Number:      | 04 Build                | ding Name: Acu               | te Care (Building 500) |   |  |
|-----------------------|-------------------------|------------------------------|------------------------|---|--|
| Medical / Surgical (I | nclude GYN)             | Acute Respirator             | y Care                 | Acute Psychiatric                       |  |
| Inpatient 56<br>Bed   | Inpatient 11389<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days    |   | npatient 0<br>Days                         |
| Perinatal (excluse N  | lewborn / GYN)          | Burn                         |                        | Skilled Nursing                         |  |
| Inpatient 27<br>Bed   | Inpatient 5314<br>Days  | Inpatient 0<br>Bed           | Inpatient 0<br>Days    |   | npatient 0<br>Days                         |
| Pediatric             |                         | intensive Care Ne<br>Nursery | wborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed    | Inpatient 0<br>Days     | Inpatient 15<br>Bed          | Inpatient 2727<br>Days |   | npatient 0<br>Days                         |
| Intensive Care        |                         | Rehabilitation<br>Center     |                        | Int. Care / developme<br>Disabled       | ent  |
| Inpatient 10<br>Bed   | Inpatient 1900<br>Days  | Inpatient 0<br>Bed           | Inpatient 0<br>Days    |   | npatient 0<br>Days                         |
| Coronary Care         |                         | Chemical<br>Dependency       |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient 0<br>Davs     | Inpatient 0<br>Bed           | Inpatient 0<br>Davs    | 108                                     | 108  |

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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:       Material Management (Bldg 600)   |                          |                       |                             |               |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respi              | ratory Care           | Acute Psychiatric           |               |  |  |  |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed       | 0 Inpatient 0<br>Days | Inpatient 0 Inpa<br>Bed Day | atient 0<br>s |  |  |  |  |
| Perinatal (excluse Newborn / GYN  | l) Burn                  |                       | Skilled Nursing             |               |  |  |  |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient Bed          | 0 Inpatient 0<br>Days | Inpatient 0 Inpa<br>Bed Day | atient 0<br>s |  |  |  |  |

| Pediatric          |                     | intensive Care New<br>Nursery | /born               | Intermediate Card                       |  |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center      |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | 0                                       | 0  |

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| Building Number:        | Build               | ing Name: Inpa                | tient Mental Health (Bldg | 940)                                    |  |
|-------------------------|---------------------|-------------------------------|---------------------------|---|--|
| Medical / Surgical (Inc | clude GYN)          | Acute Respiratory             | Care                      | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | Inpatient 22<br>Bed                     | Inpatient 3096<br>Days                     |
| Perinatal (excluse Ne   | wborn / GYN)        | Burn                          |                           | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric               |                     | intensive Care Net<br>Nursery | wborn                     | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                     | Rehabilitation<br>Center      |                           | Int. Care / developi<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                     | Chemical<br>Dependency        |                           | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days       | 22                                      | 22   |

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| Building Number: 0      | 7 Build             | ing Name: Gen                 | erator Building (Bldg 980) |   |  |
|-------------------------|---------------------|-------------------------------|----------------------------|---|--|
| Medical / Surgical (Inc | lude GYN)           | Acute Respiratory             | Care                       | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse New  | /born / GYN)        | Burn                          |                            | Skilled Nursing                         |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric               |                     | intensive Care New<br>Nursery | wborn                      | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                     | Rehabilitation<br>Center      |                            | Int. Care / developi<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                     | Chemical<br>Dependency        |                            | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days        | 0                                       | 0  |

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|              |      |       |                          |         |

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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:     | C!                | Build | ing Name: Car                | пору                |   |  |
|----------------------|-------------------|-------|------------------------------|---------------------|---|--|
| Medical / Surgical ( | Include GYN)      |       | Acute Respirator             | y Care              | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient<br>Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse I | lewborn / GYN)    |       | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient Days    | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                   |       | intensive Care Ne<br>Nursery | ewborn              | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days    | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                   |       | Rehabilitation<br>Center     |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed   | Inpatient Days    | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                   |       | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days    | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 0                                       | 0  |

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

| Building Number:      | C2                | Building Name:          | Canopy                |   |  |
|-----------------------|-------------------|-------------------------|-----------------------|---|--|
| Medical / Surgical (I | nclude GYN)       | Acute Respir            | atory Care            | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpatient Bed         | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N  | lewborn / GYN)    | Burn                    |                       | Skilled Nursing                         |  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed         | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric             |                   | intensive Ca<br>Nursery | e Newborn             | Intermediate Card                       |  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed         | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care        |                   | Rehabilitatio<br>Center | ı                     | Int. Care / developm<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpatient Bed         | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care         |                   | Chemical<br>Dependency  |                       | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed         | 0 Inpatient 0<br>Days | 0                                       | 0  |

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

| Building Number:     | C3                  | Building Name: Canop           | у                   |   |  |
|----------------------|---------------------|--------------------------------|---------------------|---|--|
| Medical / Surgical ( | Include GYN)        | Acute Respiratory C            | are                 | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days |                                | Inpatient 0<br>Days |   | patient 0<br>ays                           |
| Perinatal (excluse N | lewborn / GYN)      | Burn                           |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days |                                | Inpatient 0<br>Days |   | patient 0<br>ays                           |
| Pediatric            |                     | intensive Care Newb<br>Nursery | oorn                | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days |                                | Inpatient 0<br>Days |   | patient 0<br>ays                           |
| Intensive Care       |                     | Rehabilitation<br>Center       |                     | Int. Care / developmer<br>Disabled      | nt   |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days |                                | Inpatient 0<br>Days |   | patient 0<br>ays                           |
| Coronary Care        |                     | Chemical<br>Dependency         |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days |                                | Inpatient 0<br>Days | 0                                       | 0  |

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

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| Building Number:     | C4             | Build | ing Name: Can                | юру                 |   |  |
|----------------------|----------------|-------|------------------------------|---------------------|---|--|
| Medical / Surgical ( | nclude GYN)    |       | Acute Respiratory            | / Care              | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N | lewborn / GYN) |       | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                |       | intensive Care Ne<br>Nursery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                |       | Rehabilitation<br>Center     |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                |       | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 0                                       | 0  |

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

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| Building Number:     | C5             | Build | ing Name: Car                | юру                 |   |  |
|----------------------|----------------|-------|------------------------------|---------------------|---|--|
| Medical / Surgical ( | Include GYN)   |       | Acute Respiratory            | / Care              | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse I | Newborn / GYN) |       | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                |       | intensive Care Ne<br>Nursery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                |       | Rehabilitation<br>Center     |                     | Int. Care / develop<br>Disabled         | nent                                       |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                |       | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0     | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 0                                       | 0  |