10321 5

Cedarville

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

Facility Number:	10321	
Facility Name:	Surprise	e Valley Community Hospital
Address:	741 Nor	rth Main
City:	Cedarvi	lle
Hospital Owner/Lic Year of Rep Contact 1 e-mail Ac Contact 2 e-mail Ac Contact 3 e-mail Ad Name of Sub	oorting: ddress: ddress: ldress:: omitter:	Surprise Valley Health Care District          2012
Submissio	n Date:	10/23/2012 1:15:48 PM

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name Alternate Building Addres		Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01623	Heating and Storage Building	741 North Main	Retrofit	SPC2	01/01/2020	12/31/2020
BLD- 01624	Generator Building	741 North Main	Retrofit	SPC2	01/01/2020	12/31/2020

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Cedarville

#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) **BLD-01623** Building Number: **Building Name:** Heating and Storage Building Type of Service Provided **Obstetrical** Surgical Inpatient Inpatient Nursing 0 0 Recovery Days Beds Newborn/ Inpatient Days IntensiveCare Inpatient 0 0 Anesthesia WellBaby Beds Emergency Clinical Lab Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient Services Surgery **Inpatient Days** Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv **Central Plant** Building

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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: BLD-01624 **Building Name:** Generator Building **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** X Building

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

Building Number:	BLD-01623	Building Name: He	ating and Storage Buildin	g		
Medical / Surgical	(Include GYN)	Acute Respirator	ry Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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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:	BLD-01624	Building Name: G	enerator Building			
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01621	Main Hospital	Remain
BLD-01622	Pump House Building	Remain
BLD-01623	Heating and Storage Building	Retrofit
BLD-01624	Generator Building	Retrofit
BLD-01625	South Wing Addition	Remain
BLD-01626	Walk-in Box	Remain

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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:	BLD-01623	Building	Name: H	leating and Storage E	Building				
Type of Servic	Type of Service Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare					Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent			Clinical Lab				Outpatient	
				Radiological/ Imaging		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical					Nuclear	X	Support	
	Ante/Postprtur	n		Dietetic		Medicine		Services	
	Intermediate Care			Administration					
	Skilled Nursing	g							

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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:	BLD-01624	Building Name:	Ge	enerator Building			
Type of Servic	e Provided	-   [		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing			Anesthesia	Obstetrical		Renal Dialysis
	IntensiveCare Pediatric/Ado			Clinical Lab	Recovery		Outpatient
	escent Psychiatric Nursing	[		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Obstetrical			Pharmaceutical	Emergency Nuclear	X	Central Plant Support
_	Ante/Postprtu	<sup>m</sup> [ [		Dietetic	Medicine		Services
	Intermediate Care			Administration			
	Skilled Nursin	g I					

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Building Number:	BLD-01621	Building Na	me: Main Hospital				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Servio	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Ante/Postprtum	X	Pharmaceutical		_		
			B. C.	X	Emergency		Central Plant
	ntermediate Care	X	Dietetic		Nuclear Medicine	X	Support
X s	Skilled Nursing	X	Administration				Services

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Building Numbe	er: BLD-01622	Building Na	me: Pump House Buil	ding			
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
			Pharmaceutical				
	Obstetrical Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate Care		Dietetic				0
					Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Number:	BLD-01623	Building Nar	me: Heating and Storag	ge Build	ing			
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servic	ce Provided							
	Jursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
li Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
			Pharmaceutical					
	Dbstetrical Ante/Postprtum				Emergency		Central Plant	
	ntermediate Care		Dietetic		Nu sla su Madisiu s		Quantat	
					Nuclear Medicine	Х	Support Services	
S	Skilled Nursing		Administration					

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Building Number	: BLD-01624	Building Na	me: Generator Building	1				
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servi	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical		Pharmaceutical					
	Ante/Postprtum				Emergency	Х	Central Plant	
	Intermediate		Dietetic					
	Care				Nuclear Medicine		Support Services	
	Skilled Nursing		Administration					

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Building Numbe	er: BLD-01625	Building Na	me: South Wing Addit	ion			
Configuration	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	Intermediate		Dietetic				
	Care				Nuclear Medicine	Х	Support Services
X	Skilled Nursing		Administration				2011000

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Building Numbe	er: BLD-01626	Building Na	me: Walk-in Box		
Configuration	: N/A				
Type of Serv	vice Provided				
	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical		
	Ante/Postprtum			Emergency	Central Plant
	Intermediate	X	Dietetic		
	Care			Nuclear Medicine	Support Services
	Skilled Nursing		Administration		06111063

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Surprise Valley Community Hospital

Cedarville

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

Buildi	ng Number: BLI	D-01621	Building Name	: Ma	in Hospital		
Туре	e of Service Prov	ided					
Х	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Х	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
X	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this 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)

Buildir	ng Number: BL	0-01622	Building Na	ıme: Pu	mp House Building		
<u>Type</u>	of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

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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 Nu	umber: BLD	-01625	Building Name	So	uth Wing Addition			
<u>Type of S</u>	ervice Provi	ided						
Nurs	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia			
Pedi esce	atric/Adol	Inpatient Beds	0		Clinical Lab	 Obstetrical Recovery		Renal Dialysis
Psyc	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		Central Plant
Inter	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X	Support Services
Skille X	ed Nursing	Inpatient Beds	5		Administration			
Tota Build	l Beds this ding		5					

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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: BL	D-01626	Building N	ame: Wa	alk-in Box		
Type of Service Prov	vided					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitatio Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialys
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plar
Intermediate	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this 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:	BLD-01621	Building Name:	Main Hospital		
Medical / Surgical (	Include GYN)	Acute Resp	iratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive C Nursery	are Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitati Center	on	Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependenc	у	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 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:	BLD-01622	Buildi	ing Name:	ump House Building		
Medical / Surgical (	Include GYN)		Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	D Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient 0 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:	BLD-01625	Buildi	ng Name: Sour	th Wing Addition		
Medical / Surgical (	Include GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 5 Bed	Inpatient 1630 Days
Pediatric			intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	5	5

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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:	BLD-01626	Building Name:	Walk-in Bo	X		
Medical / Surgical (I	nclude GYN)	Acute Res	spiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Day	atient 0 s	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Day	atient 0 s	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Nursery	Care Newborr	1	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Day	atient 0 s	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilita Center	ation		Int. Care / developi Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Day	atient 0 s	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Depender			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Day	atient 0 s	0	0

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