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

Facility Number:	10338	
Facility Name:	George I	Mee Memorial Hospital
Address:	300 Can	al Street
City:	King City	
Hospital Owner/Lice	ensee:	S. Monterey County Memorial Hospital/Lic.#0700000047
Year of Repo	orting:	2012
Contact 1 e-mail Address:		
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	George L. Mee Memorial Hospital
Submission	Date:	1/11/2013 9:25:52 AM

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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 Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 03329	Administration	300 Canal Street	Rebuild	SPC5	01/01/2020	12/31/2019

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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-03329 Building Name: Administration								
Type of Service Provided								
Nursing Inpa	ent 0 Inpatient 0 Days	Surgical Obstetrical Recovery						
IntensiveCare Inpar	ent 0 Inpatient Days 0	Anesthesia Newborn/ WellBaby						
Pediatric/Adol Inparescent Beds	ent 0 Inpatient Days 0	Clinical Lab Emergency						
Psychiatric Inpar Nursing Beds	ent 0 Inpatient Days 0	Radiological/ Nuclear Medicine Pharmaceutical						
Obstetrical Inpar Ante/Postprtum Beds	ent 0 Inpatient Days 0	Dietetic Rehabilitation Therapy						
Intermediate Inpar Care Beds	ent 0 Inpatient Days 0	X Administration Renal Dialysis X Support Outpatient						
Skilled Nursing Inpar	ent 0 Inpatient Days 0	Services Surgery Obstetrical						
	Total Beds this Building							

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

Building Number:	BLD-03329	Building Name: Adm	inistration				
Medical / Surgical ((Include GYN)	Acute Respiratory	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 Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent		
Inpatient 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-01634	Main Hospital	Remain
BLD-03265	New Porte Cochere	Remain
BLD-03266	New Hospital	Remain
BLD-03328	Bottle Building	Remain
BLD-03329	Administration	Rebuild

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number: BLD-03329 Building Name: Administration							
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?							
Administration N/A							
Building BLD-03329 Building Name: Administration							
Number:							
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?							
Support Services N/A							
Support Services N/A							

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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-03329 Build	ing Name: Adm	ninistration								
Type of Service Provided											
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia								
	IntensiveCare		u loculocia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Name and		Outpatient Surgery				
			Radiological/ maging	Ш	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing	<u> </u>	Pharmaceutical		Emergency		Central Plant				
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services				
	Intermediate Care	X ,	Administration								
	Skilled Nursing										

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: BLD-01634	Building Na	me: Main Hospital				
Configuration:	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate	X	Dietetic				
X	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-03265	Building Na	me: New Porte Co	ochere			
Configuration:	N/A						
Type of Servic	e Provided						_
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-03266 Building Name: New Hospital							
Configuration:	N/A						
Type of Service	ce Provided						
X N	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X I	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	ntermediate Care		Dietetic				_
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: BLD-03328	Building Na	me: Bottle Building	9			
Configuration: N/A							
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-03329	Building Na	me: Administration			
Configuration:	N/A					
Type of Service Provided						
	Jursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Jursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	ntermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing	X	Administration	inuclear inledicine	X	Support Services

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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:	uilding Number: BLD-01634 Building Name: Main Hospital								
Type of Service Pro	Type of Service Provided								
X Nursing	Inpatient Beds	24	Surgio	cal [Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	X Anesth	hesia					
Pediatric/Adol escent	Inpatient Beds	0	X Clinica	al Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiol Imagir	logical/ ng	Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtun	Inpatient n Beds	0	X Pharm	naceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	X Dieteti	ic [Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	16	Admin	nistration					
Total Beds this Building		40							

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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	uilding Number: BLD-03265 Building Name: New Porte Cochere								
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	Su	ırgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	An	esthesia					
Pediatric/Adol escent	Inpatient Beds	0	Cli	nical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		idiological/ aging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Ph	armaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	□ Die	etetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Ad	ministration					
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)

Buildi	ng Number: B	LD-03266	Building N	Name: Ne	w Hospital				
Тур	e of Service Pro	<u>ovided</u>							
X	Nursing	Inpatient Beds	64	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	4	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtur	Inpatient n Beds	8		Pharmaceutical	X	Emergency	X	Central Plant
X	Intermediate Care	Inpatient Beds	3		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building	3	79						

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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	Building Number: BLD-03328 Building Name: Bottle Building									
Тур	e of Service Prov	<u>rided</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							

Report Status: Data Last Update: 01/07/2013 Submission Date: 01/11/2013 Print Date: 1/12/2013 6:25 AM

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Building Number:	BLD-01634 Buil	ding Name:	n Hospital				
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 24 Bed	Inpatient 8395 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16	Inpatient 5840 Days		
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / develop	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	40	40		

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Building Number:	BLD-03265	Building Name: New	w Porte Cochere		
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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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Building Number:	BLD-03266 Build	ing Name: New	Hospital			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric		
Inpatient 64 Bed	Inpatient 13505 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 8 Bed	Inpatient 1376 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 3 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 4 Bed	Inpatient 372 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	79	79	

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Building Number:	BLD-03328	Building Nam	e: Bottle	e Building				
Medical / Surgical (Include GYN)		Acute	Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)			Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric			intensive Care Newborn Nursery			Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care			Rehabilitation Center			Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemi Depen				Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	0	0	

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