Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:1 of 53

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

Facility Number:	11159	
Facility Name:	Commun	ity Memorial Hospital-San Buenaventura
Address:	147 N. B	rent Street
City:	Ventura	
Hospital Owner/Lice	ensee:	Community Memorial Hospital of San Buenaventura
Year of Rep	orting:	2012
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Community Memorial Hospital
Submission	Date:	10/30/2012 3:50:15 PM

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:2 of 53

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- 00585	Goodyear Wing	147 N. Brent Street	Rebuild	SPC5	01/01/2017	05/01/2015
BLD- 00586	Main Building & Additions	147 N. Brent Street	Retrofit	SPC2	01/01/2019	01/01/2019
BLD- 00587	Gift Shop	147 N. Brent Street	Retrofit	SPC2	01/01/2019	01/01/2019
BLD- 00588	West Wing & Addition	147 N. Brent Street	Retrofit	SPC2	01/01/2019	01/01/2019

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:3 of 53

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

Building No: BLD-00585	Goodyear Wing	Retrofit/Replacement Project:	lo
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Complete in Date Date Date	d Status CEQA Review
11159 IS082255-0 0		12/18/2008 08/18/2011 12:00:00 AM	ACTI No
Building No: BLD-00586	Main Building & Additions	Retrofit/Replacement Project:	lazus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Complete in Date Date Date	d Status CEQA Review
11159 IS082255-0 0		12/18/2008 08/08/2011 01/01/2013 12:00:00 AM	ACTI No
Building No: BLD-00587	Gift Shop	Retrofit/Replacement Project:	lazus-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Complete in Date Date Date	d Status CEQA Review
11159 IS082255-0 0		12/18/2008 08/08/2011 01/01/2013 12:00:00 AM	ACTI No

Report Year: 2012 11159	Community Memorial Hospital-San Buenaventura	Ventura	Page:4 of 53
Building No: BLD-00588 West	Wing & Addition	Retrofit/Replacement Project:	Hazus-Planned
Facility Project Sub Scope Number Number Num	Date Plan in	Approved Proj. Start Proj. Comple <u>Date Date Date</u>	eted Status CEQA Review
11159 IS082255-0 0	12/18/2008 12:00:00 AM	08/18/2011 01/01/201	13 ACTI No

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:5 of 53

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

Building Number: BL	_D-00585	Building Name:	Goodyear Wing	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	18 Inpatient 2927 Days	Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging Pharmaceutical	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	10 Inpatient Days 2850	Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical	Outpatient Surgery
		Total Beds this Building 28	Cesarean/Deliv	Central Plant

2012

11159

Community Memorial Hospital-San Buenaventura

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Page:6 of 53

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

Building Number: BL	_D-00586		Building Nar	ne:	Main	Building & Additions		
Type of Service Prov	<u>rided</u>							
X Nursing	Inpatient Beds	157 Inp Da	oatient ays	30909		X Surgical	Obsteti Recove	
IntensiveCare	Inpatient Beds	0 Inp	patient Days	0		X Anesthesia	Newbo WellBa	
X Pediatric/Adol escent	Inpatient Beds	5 In	patient Days	931		Clinical Lab	Emerge	ency
Psychiatric Nursing	Inpatient Beds	0 In	patient Days	0		X Radiological/ Imaging	Nuclea Medicir	
Obstetrical Ante/Postprtum	Inpatient Beds	0 In	patient Days	0		Pharmaceutical Dietetic	X Rehabi Therap	
Intermediate Care	Inpatient Beds	0 In	patient Days	0		X Administration		Dialysis
Skilled Nursing	Inpatient Beds	0 In	patient Days	0		X Support Services Obstetrical	X Outpati Surgery	
		Total Beds Building	this	162		Cesarean/Deliv	X Centra	Plant

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura

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

Page:7 of 53

Building Number: BL	.D-00587	Building Name: Giff	t Shop	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		Central Plant

2012

11159

Community Memorial Hospital-San Buenaventura

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Page:8 of 53

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

Building Number: BL	.D-00588	Building Name:	West Wing & Addition	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	21 Inpatient Days 5494	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:9 of 53

Building Number:	BLD-00585	Building Name:	Goodyear Wing		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 18 Bed	Inpatient 2927 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 10 Bed	Inpatient 2850 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	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 0 Days	Inpatient Bed	0 Inpatient 0 Days	28	28

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:10 of 53

Building Number:	BLD-00586	Building Name:	Main Building & Additions		
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 157 Bed	Inpatient 2798 Days 2	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 5 Bed	Inpatient 931 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	1	Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	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 0 Days	Inpatient Bed	0 Inpatient 0 Days	162	162

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:11 of 53

Building Number:	BLD-00587	Building Name:	Gift Shop		
Medical / Surgical	(Include GYN)	Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:12 of 53

Building Number:	BLD-00588	Building Name:	West Wing & Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Card Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 10 Bed	Inpatient 2337 Days	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 11 Bed	Inpatient 3157 Days	Inpatient Bed	0 Inpatient 0 Days	21	21

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:13 of 53

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-00585	Goodyear Wing	Rebuild
BLD-00586	Main Building & Additions	Retrofit
BLD-00587	Gift Shop	Retrofit
BLD-00588	West Wing & Addition	Retrofit
BLD-00589	South Wing	Remain
BLD-00590	North Wing & OB/Gyn Addition	Remain
BLD-00591	Ambulatory Surgery & OB/Gyn Add'n	Remain
BLD-00592	E.R. Addition	Remain
BLD-00593	Emergency Generator Building	Remain
BLD-03250	E.R. Addition Bridge	Remain
BLD-03251	Service Building	Remain
BLD-03252	Bridge Addition	Remain
BLD-03253	Brent Street Bridge	Remain

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:14 of 53

List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site			
N_1	Replcmt (IS082255-0)		_		

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:15 of 53
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: BLD-0058	5	Goodyear	· Wing		Removal Date:		05/01/2015		
Planned	Planned Uses for the building to be removed from acute care service:									
Planned use for building: Clinic Jurisdiction: OSHPD										
Inpatient services currently delivered in the building:										
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv			Rehabilitation Therapy		
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab	X	Obstetrical Recovery		Ш	Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby			Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical		·		$\overline{\mathbf{x}}$	Central Plant		
	Intermediate Care		Dietetic		Emergency			Ochilai Flant		
	Skilled Nursing		Administration		Nuclear Medicine		X	Support Services		

Report Status: **Data Last Update:** 10/30/2012 **Print Date:** 11/5/2012 1:25 PM Submission Date: 10/30/2012

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:16 of 53

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: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing Relocated to new building
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Obstetrical Ante Postprtum Relocated to new building
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?
Support Services Relocated to new building

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura	Ventura	Page:17 of 53					
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Obstetrical Recovery Relocated to new building	building?						
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Newborn/Well Baby Relocated to new building							
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Medical/Surgical (Include GYN) Relocated to new building							
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Perinatal (exclude Newborn / GYN)) Relocated to new building							

Report Year:	2012	11159	Community Memorial Hospital-San	\Box	Ventura	Page:18 of 53	
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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-00585	Building Name:	Goodyear Wing]
Type of Service	e Provided		_				
			Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia	_			
	IntensiveCare		_	X Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol escent		Clinical Lab	X Newborn/	П	Outpatient Surgery	
			Radiological/ Imaging	WellBaby		Curgery	
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
X	Obstetrical Ante/Postprtur	m	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate						
	Care		Administration				
	Skilled Nursing	g					

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura

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)

Page:19 of 53

Building Number:	BLD-00586 Buildir	ng Name:	lain Building & Addition	ons		
Type of Service	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Х	Outpatient
		X	Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical					
Ш	Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care					
	Caro	X	Administration			
	Skilled Nursing					

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:20 of 53
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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-00587 Buildin	g Name: Gift Shop			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilit Therapy	
	Nursing	Anesthesia			
	IntensiveCare	/ Wiestriesia	Obstetrical Recovery	Renal Di	alysis
	Pediatric/Adol	Clinical Lab		Outpatie	nt
Ш	escent	Radiological/	Newborn/ WellBaby	☐ Surgery	
	Psychiatric Nursing	Imaging Pharmaceutica	l Emergency	Central F	Dlant
	Obstatrical	Pharmaceutica	Lineigency	Central F	riani
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services	
	Intermediate Care	Administration			
	Skilled Nursing				

Report Year:	2012	11159	Community Memorial Hospital-San		Ventura	Page:21 of 53	
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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-00588	Building Name:	W	est Wing & Addition					
Type of Service	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
X	IntensiveCare					Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	<u> </u>		Clinical Lab		No. beaut		Outpatient Surgery	
				Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical	X	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtun	m		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care			Administration					
	Skilled Nursing	<u> </u>							

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:22 of 53

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	r: BLD-00585	Building Na	me: Goodyear Wing				
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new SF	PC5 and N	NPC4 or NPC5 building.		
Type of Servi	ice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1' ' 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:23 of 53

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-00586	LD-00586 Building Name: Main Building & Additions									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NF	PC 3 and rem	ove from service by 2030						
Type of Service	Provided										
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy				
Int	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		Recovery						
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery				
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant				
	termediate	X	Dietetic		Lineigency		Ochtiai Flant				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services				

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:24 of 53

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	er: BLD-00587	Building Na	me: Gift Shop				
Configuration	: Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 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
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Madicina		Comment
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:25 of 53

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-00588	LD-00588 Building Name: West Wing & Addition									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NF	PC 3 and rem	ove from service by 2030						
Type of Service	Provided										
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis				
	diatric/Adol cent	X	Clinical Lab		Recovery						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical te/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant				
	ermediate		Dietetic		Lineigency		Ochilai Fiani				
□ Ca	re illed Nursing		Administration		Nuclear Medicine	X	Support Services				

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:26 of 53

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-00589	Building Na	me: South Wing				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:27 of 53

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 Numb	er: BLD-00590	Building Na	me: North Wing & O	B/Gyn Add	lition		
Configuration	n: Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	Х	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:28 of 53

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-00591	LD-00591 Building Name: Ambulatory Surgery & OB/Gyn Add'n								
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5							
Type of Service	Provided									
Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inf	ensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emorgonou		Control Plant			
	ermediate		Dietetic		Emergency		Central Plant			
Ca	are		Administration		Nuclear Medicine	X	Support Services			
∐ Sk	tilled Nursing									

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:29 of 53

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-00592	Building Na	me: E.R. Addition				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:30 of 53

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-00593	LD-00593 Building Name: Emergency Generator Building								
Configuration:	Remove from GAC	Service by	1/1/2030							
Type of Service	Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	termediate		Dietetic							
	are killed Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:31 of 53

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-03250 Building Name: E.R. Addition Bridge									
Configuration:	Remove from GAC	Service by	service by 1/1/2030						
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 Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine		Support Services		

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:32 of 53

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-03251 Building Name: Service Building										
Configuration:	Remove from GAC	Service by	service by 1/1/2030							
Type of Service	ce Provided									
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ntensiveCare		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			
	ntermediate		Dietetic							
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:33 of 53

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-03252 Building Name: Bridge Addition									
Configuration:	Remove from GAC	Service by	service by 1/1/2030						
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol scent		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		Administration		inuclear iviedicine	X	Support Services		

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura Page:34 of 53

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-03253 Building Name: Brent Street Bridge								
Configuration: Remove from GAC service by 1/1/2030								
Type of Ser	vice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:35 of 53	
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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-00589	Building I	Name: So	uth Wing				
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						

Report Year: 2012 11159 Community Memorial Hospital-San Buenaventura Ventura

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)

Page:36 of 53

Buildi	ng Number: BLC	D-00590	Building I	Name: No	orth Wing & OB/Gy	n Addition	
Тур	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	15	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	16	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		31				

Report Year:	2012 11159	Community Memorial Hospital-San	Ventura	Page:37 of 53
		→ IRuonavantura		

Buildir	ng Number: BLE	D-00591	Building I	Name: An	nbulatory Surgery	∕ & OB/Gyn Add'n	
<u>Type</u>	of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	6	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		6				

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:38 of 53
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Building Number: BL	.D-00592	Building N	Name: E.I	R. Addition					
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:39 of 53
			Ibuenaveniura		

Building Number:	LD-00593	Building N	Name: Emergency Generato	r Building	
Type of Service Pro	<u>ovided</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/Postprtun	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	I Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:40 of 53
			Ibuenaveniura		

Building Number: BL	D-03250	Building N	Name: E.R. Addition Bridge						
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:41 of 53

Building Number:	BLD-03251	Building N	Name: Service Building						
Type of Service P	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Ado	I Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursin	g Inpatient Beds	0	Administration						
Total Beds thi Building	s	0							

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:42 of 53
			IBuenaventura		

Buildiı	ng Number: BLE	D-03252	Building I	Name: Br	idge Addition		
Туре	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	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Year:	2012	11159	Community Memorial Hospital-San	Ventura	Page:43 of 53
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Building Number: BL	D-03253	Building N	Name: Brent	Street Bridge				
Type of Service Prov	Type of Service Provided							
Nursing	Inpatient Beds	0	Su	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Ar	nesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Cli	inical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ aging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pr	narmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	☐ Die	etetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Ac	dministration				
Total Beds this Building		0						

Report Status: Data Last Update: 10/30/2012 Submission Date: 10/30/2012 Print Date: 11/5/2012 1:25 PM

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:44 of 53

Building Number:	BLD-00589	Building Name:	South Wing			
Medical / Surgical (I	nclude GYN)	Acute Res	spiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Nursery	Care Newborn		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient	0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilita Center	ation		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	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 Inpatient	0	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:45 of 53

Building Number:	BLD-00590 B t	uilding Name: Nort	h Wing & OB/Gyn Addition	on	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 15 Bed	Inpatient 1622 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 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 3910 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr 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	31	31

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:46 of 53

Building Number:	BLD-00591 Build	ing Name: Ambu	ulatory Surgery & OB/Gy	n Add'n	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		ays 0
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 1623 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		ays 0
Intensive Care		Rehabilitation Center		Int. Care / development	nt
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		patient 0
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	6	6

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:47 of 53

Building Number:	BLD-00592 Build	ling Name: E.R. Addition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:48 of 53

Building Number:	BLD-00593 Build	ling Name: Eme	rgency Generator Buildin	g	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:49 of 53

Building Number:	BLD-03250 Build	ling Name: E.R. A	Addition Bridge		
Medical / Surgical (I	nclude GYN)	Acute Respiratory C	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Care Newl Nursery	born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		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	Inpatient 0 Days	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:50 of 53

Building Number:	BLD-03251	Building Na	me: Serv	rice Building			
Medical / Surgical (I	nclude GYN)	Acute	Respiratory	Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)						Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days
Pediatric		inten Nurs	sive Care Ne	wborn		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Reha Cente	bilitation er			Int. Care / develop	ment
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chen Depe	nical ndency			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:51 of 53

Building Number:	BLD-03252	Building Name:	Bridge Addition			
Medical / Surgical (I	nclude GYN)	Acute Res	spiratory Care	Acı	ute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa	atient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Ski	lled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa	atient 0	Inpatient 0 Days
Pediatric		intensive Nursery	Care Newborn	Inte	ermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa	atient 0	Inpatient 0 Days
Intensive Care		Rehabilita Center	ition		Care / developi abled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa	atient 0	Inpatient 0 Days
Coronary Care		Chemical Dependen	осу		tal Beds this ilding Per it	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:52 of 53

Building Number:	BLD-03253 Build	ling Name: Brent Str	reet Bridge		
Medical / Surgical (I	nclude GYN)	Acute Respiratory Car	re	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newbor Nursery	orn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		patient 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	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		patient 0	0	0

2012

11159

Community Memorial Hospital-San Buenaventura

Ventura

Page:53 of 53