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

Facility Number: 11441

Facility Name: Beverly Hospital

Address: 309 W. Beverly Blvd.

City: Montebello

Hospital Owner/Licensee: Gary Kiff

Year of Reporting: 2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: Brad Hawn

Submission Date: 10/16/2012 7:22:35 PM

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-00613 | Service Bldg & Additions (Block I) | 309 W. Beverly Blvd. | Retrofit | SPC2 | 01/01/2013 | 01/01/2013 |
| BLD-03872 | Main/Utility/Tower (Block VI) | 309 W. Beverly Blvd. | Retrofit | SPC2 | 01/01/2013 | 01/01/2015 |

Report Status:  **Data Last Update:** 10/16/2012  **Submission Date:** 10/16/2012  **Print Date:** 11/5/2012 1:26 PM

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-03872     Main/Utility/Tower (Block VI)     Retrofit/Replacement Project:     Hazus-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|---|---|---|---|---|---|---|---|---|---|
| 11441 | HL021378-0 | 0 | | 10/22/2002 12:00:00 AM | 7/16/2008 12:00:00 AM | 08/28/2009 | 12/31/2014 | FIEL | No |
| 11441 | HL111174-0 | 0 | | 5/6/2011 12:00:00 AM | 7/26/2012 12:00:00 AM | 12/01/2012 | | ACTI | No |

Report Status:    **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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

Building Number: **BLD-00613**     Building Name: **Service Bldg & Additions (Block I)**

**Type of Service Provided**

| Service | Inpatient Beds | Inpatient Days |
|---|---|---|
| ☐ Nursing | 0 | 0 |
| ☐ IntensiveCare | 0 | 0 |
| ☐ Pediatric/Adolescent | 0 | 0 |
| ☐ Psychiatric Nursing | 0 | 0 |
| ☐ Obstetrical Ante/Postprtum | 0 | 0 |
| ☐ Intermediate Care | 0 | 0 |
| ☐ Skilled Nursing | 0 | 0 |

Total Beds this Building: 0

- ☐ Surgical
- ☐ Anesthesia
- ☐ Clinical Lab
- ☐ Radiological/Imaging
- ☐ Pharmaceutical
- ☐ Dietetic
- ☐ Administration
- ☒ Support Services
- ☐ Obstetrical Cesarean/Deliv
- ☐ Obstetrical Recovery
- ☐ Newborn/WellBaby
- ☐ Emergency
- ☐ Nuclear Medicine
- ☐ Rehabilitation Therapy
- ☐ Renal Dialysis
- ☐ Outpatient Surgery
- ☐ Central Plant

Report Status: **Data Last Update:** 10/16/2012     **Submission Date:** 10/16/2012     **Print Date:** 11/5/2012 1:26 PM

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

Building Number: **BLD-03872**     Building Name: **Main/Utility/Tower (Block VI)**

**Type of Service Provided**

| | | | | |
|---|---|---|---|---|
| [X] Nursing | Inpatient Beds | 92 | Inpatient Days | 26131 |
| [ ] IntensiveCare | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] Pediatric/Adolescent | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] Psychiatric Nursing | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] Intermediate Care | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] Skilled Nursing | Inpatient Beds | 0 | Inpatient Days | 0 |

Total Beds this Building     92

| | |
|---|---|
| [X] Surgical | [ ] Obstetrical Recovery |
| [X] Anesthesia | [ ] Newborn/WellBaby |
| [ ] Clinical Lab | [ ] Emergency |
| [X] Radiological/Imaging | [ ] Nuclear Medicine |
| [X] Pharmaceutical | |
| [X] Dietetic | [ ] Rehabilitation Therapy |
| [X] Administration | [ ] Renal Dialysis |
| [X] Support Services | [X] Outpatient Surgery |
| [ ] Obstetrical Cesarean/Deliv | [ ] Central Plant |

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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-00613    **Building Name:** Service Bldg & Additions (Block I)

**Medical / Surgical (Include GYN)**

Inpatient Bed [0]    Inpatient Days [0]

**Acute Respiratory Care**

Inpatient Bed [0]    Inpatient Days [0]

**Acute Psychiatric**

Inpatient Bed [0]    Inpatient Days [0]

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed [0]    Inpatient Days [0]

**Burn**

Inpatient Bed [0]    Inpatient Days [0]

**Skilled Nursing**

Inpatient Bed [0]    Inpatient Days [0]

**Pediatric**

Inpatient Bed [0]    Inpatient Days [0]

**intensive Care Newborn Nursery**

Inpatient Bed [0]    Inpatient Days [0]

**Intermediate Card**

Inpatient Bed [0]    Inpatient Days [0]

**Intensive Care**

Inpatient Bed [0]    Inpatient Days [0]

**Rehabilitation Center**

Inpatient Bed [0]    Inpatient Days [0]

**Int. Care / development Disabled**

Inpatient Bed [0]    Inpatient Days [0]

**Coronary Care**

Inpatient Bed [0]    Inpatient Days [0]

**Chemical Dependency**

Inpatient Bed [0]    Inpatient Days [0]

**Total Beds this Building Per Unit**

[0]

**Total Beds this Building Per Service**

[0]

Report Status:  **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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

**Building Number:** BLD-03872    **Building Name:** Main/Utility/Tower (Block VI)

**Medical / Surgical (Include GYN)**

Inpatient Bed: 92    Inpatient Days: 2613 1

**Acute Respiratory Care**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0    Inpatient Days: 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed: 0    Inpatient Days: 0

**Burn**

Inpatient Bed: 0    Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 0    Inpatient Days: 0

**Pediatric**

Inpatient Bed: 0    Inpatient Days: 0

**intensive Care Newborn Nursery**

Inpatient Bed: 0    Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0    Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0    Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0    Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0    Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0    Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0    Inpatient Days: 0

**Total Beds this Building Per Unit**

92

**Total Beds this Building Per Service**

92

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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-00613 | Service Bldg & Additions (Block I) | Retrofit |
| BLD-00614 | Home Health (Block II) Nursing & La | Remain |
| BLD-00615 | Nursing Administration (Block III) | Remain |
| BLD-00616 | Accounting & Respiratory Thera (IV) | Remain |
| BLD-00618 | Main Building North (Block VI) | Remain |
| BLD-00619 | Canopy (Block VII) | Remain |
| BLD-00620 | OB Addition (Block VIII) | Remain |
| BLD-00621 | MRI Facility (Block IX) | Remain |
| BLD-03872 | Main/Utility/Tower (Block VI) | Retrofit |
| BLD-05504 | Central Plant and Ambulance Area | Remain |

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 Number: | BLD-00613 | Service Bldg & Additions (Block I) | Removal Date: | 01/01/2013

Planned Uses for the building to be removed from acute care service:

Planned use for building: | Other

Other Usage: | Misc non acute licenced

Inpatient services currently delivered in the building:

| | | | |
|---|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☐ IntensiveCare | ☐ Anesthesia | | |
| ☐ Pediatric/Adolescent | ☐ Clinical Lab | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Psychiatric Nursing | ☐ Radiological/Imaging | ☐ Newborn/WellBaby | ☐ Outpatient Surgery |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical | | |
| ☐ Intermediate Care | ☐ Dietetic | ☐ Emergency | ☐ Central Plant |
| ☐ Skilled Nursing | ☐ Administration | ☐ Nuclear Medicine | ☒ Support Services |

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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-00613  Building Name: Service Bldg & Additions (Block I)

Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?

Support Services     N/A

Building Number: BLD-00615  Building Name: Nursing Administration (Block III)

Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?

Support Services     N/A

Building Number: BLD-00616  Building Name: Accounting & Respiratory Thera (IV)

Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?

Support Services     N/A

Report Status:  **Data Last Update:** 10/16/2012     **Submission Date:** 10/16/2012     **Print Date:** 11/5/2012 1:26 PM

**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-00613    Building Name:    Service Bldg & Additions (Block I)

**Type of Service Provided**

| | |
|---|---|
| ☐ Nursing | ☐ Surgical |
| ☐ IntensiveCare | ☐ Anesthesia |
| ☐ Pediatric/Adolescent | ☐ Clinical Lab |
| ☐ Psychiatric Nursing | ☐ Radiological/Imaging |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical |
| ☐ Intermediate Care | ☐ Dietetic |
| ☐ Skilled Nursing | ☐ Administration |

☐ Obstetrical Cesarean/Deliv
☐ Obstetrical Recovery
☐ Newborn/WellBaby
☐ Emergency
☐ Nuclear Medicine

☐ Rehabilitation Therapy
☐ Renal Dialysis
☐ Outpatient Surgery
☐ Central Plant
☒ Support Services

Report Status:    **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

**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-03872   Building Name: Main/Utility/Tower (Block VI)

**Type of Service Provided**

[X] Nursing

[ ] IntensiveCare

[ ] Pediatric/Adolescent

[ ] Psychiatric Nursing

[ ] Obstetrical Ante/Postprtum

[ ] Intermediate Care

[ ] Skilled Nursing

[X] Surgical

[X] Anesthesia

[ ] Clinical Lab

[X] Radiological/Imaging

[X] Pharmaceutical

[X] Dietetic

[X] Administration

[ ] Obstetrical Cesarean/Deliv

[ ] Obstetrical Recovery

[ ] Newborn/WellBaby

[ ] Emergency

[ ] Nuclear Medicine

[ ] Rehabilitation Therapy

[ ] Renal Dialysis

[X] Outpatient Surgery

[ ] Central Plant

[X] Support Services

Report Status:  **Data Last Update:** 10/16/2012     **Submission Date:** 10/16/2012     **Print Date:** 11/5/2012 1:26 PM

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-00613    Building Name: Service Bldg & Additions (Block I)

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

| | | | |
|---|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☐ IntensiveCare | ☐ Anesthesia | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adol escent | ☐ Clinical Lab | | |
| ☐ 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 |

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Building Number: BLD-00614    Building Name: Home Health (Block II) Nursing & La

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

## Type of Service Provided

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| X | Nursing | ☐ | Surgical | ☐ | Obstetrical Cesarean/Deliv | ☐ | Rehabilitation Therapy |
| ☐ | IntensiveCare | ☐ | Anesthesia | ☐ | Obstetrical Recovery | ☐ | Renal Dialysis |
| X | Pediatric/Adolescent | X | Clinical Lab | | | | |
| ☐ | Psychiatric Nursing | ☐ | Radiological/ Imaging | ☐ | Newborn/ WellBaby | ☐ | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | ☐ | Pharmaceutical | ☐ | Emergency | ☐ | Central Plant |
| ☐ | Intermediate Care | ☐ | Dietetic | ☐ | Nuclear Medicine | X | Support Services |
| ☐ | Skilled Nursing | X | Administration | | | | |

Report Status:   **Data Last Update:** 10/16/2012       **Submission Date:** 10/16/2012       **Print Date:** 11/5/2012 1:26 PM

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-00615   Building Name: Nursing Administration (Block III)

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

| | | |
|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☐ IntensiveCare | ☐ Anesthesia | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adol escent | ☐ Clinical Lab | | |
| ☐ Psychiatric Nursing | ☐ Radiological/ Imaging | ☐ Newborn/ WellBaby | ☐ Outpatient Surgery |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical | ☐ Emergency | ☐ Central Plant |
| ☐ Intermediate Care | ☐ Dietetic | ☐ Nuclear Medicine | ☒ Support Services |
| ☐ Skilled Nursing | ☐ Administration | | |

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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-00616     Building Name: Accounting & Respiratory Thera (IV)

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

| | | |
|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☐ IntensiveCare | ☐ Anesthesia | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adol escent | ☐ Clinical Lab | | |
| ☐ 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 |

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Building Number: **BLD-00618**   Building Name: **Main Building North (Block VI)**

Configuration: **Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030**

## Type of Service Provided

| | | | |
|---|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☒ IntensiveCare | ☐ Anesthesia | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adolescent | ☐ Clinical Lab | | |
| ☐ Psychiatric Nursing | ☐ Radiological/Imaging | ☐ Newborn/WellBaby | ☐ Outpatient Surgery |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical | ☒ Emergency | ☐ Central Plant |
| ☐ Intermediate Care | ☐ Dietetic | ☐ Nuclear Medicine | ☒ Support Services |
| ☐ Skilled Nursing | ☐ Administration | | |

Report Status:   **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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-00619    Building Name: Canopy (Block VII)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- ☐ Nursing
- ☐ IntensiveCare
- ☐ Pediatric/Adolescent
- ☐ Psychiatric Nursing
- ☐ Obstetrical Ante/Postprtum
- ☐ Intermediate Care
- ☐ Skilled Nursing

- ☐ Surgical
- ☐ Anesthesia
- ☐ Clinical Lab
- ☐ Radiological/Imaging
- ☐ Pharmaceutical
- ☐ Dietetic
- ☐ Administration

- ☐ Obstetrical Cesarean/Deliv
- ☐ Obstetrical Recovery
- ☐ Newborn/WellBaby
- ☐ Emergency
- ☐ Nuclear Medicine

- ☐ Rehabilitation Therapy
- ☐ Renal Dialysis
- ☐ Outpatient Surgery
- ☐ Central Plant
- ☐ Support Services

Report Status:  **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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-00620    Building Name: OB Addition (Block VIII)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

| | | | | |
|---|---|---|---|---|
| ☐ Nursing | ☐ Surgical | ☒ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☒ IntensiveCare | ☐ Anesthesia | ☒ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adol escent | ☐ Clinical Lab | | |
| ☐ Psychiatric Nursing | ☐ Radiological/ Imaging | ☒ Newborn/ WellBaby | ☐ Outpatient Surgery |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical | ☐ Emergency | ☐ Central Plant |
| ☐ Intermediate Care | ☐ Dietetic | ☐ Nuclear Medicine | ☐ Support Services |
| ☐ Skilled Nursing | ☐ Administration | | |

Report Status:    **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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-00621      Building Name: MRI Facility (Block IX)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing

- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration

- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [X] Nuclear Medicine

- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [ ] 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-03872    Building Name:    Main/Utility/Tower (Block VI)

Configuration:    Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

| | | | |
|---|---|---|---|
| [X] Nursing | [X] Surgical | [ ] Obstetrical Cesarean/Deliv | [ ] Rehabilitation Therapy |
| [ ] IntensiveCare | [X] Anesthesia | [ ] Obstetrical Recovery | [ ] Renal Dialysis |
| [ ] Pediatric/Adol escent | [ ] Clinical Lab | | |
| [ ] Psychiatric Nursing | [X] Radiological/ Imaging | [ ] Newborn/ WellBaby | [X] Outpatient Surgery |
| [ ] Obstetrical Ante/Postprtum | [X] Pharmaceutical | [ ] Emergency | [ ] Central Plant |
| [ ] Intermediate Care | [X] Dietetic | [ ] Nuclear Medicine | [X] Support Services |
| [ ] Skilled Nursing | [X] Administration | | |

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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-05504    Building Name: Central Plant and Ambulance Area

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

### Type of Service Provided

| | | | |
|---|---|---|---|
| ☐ Nursing | ☐ Surgical | ☐ Obstetrical Cesarean/Deliv | ☐ Rehabilitation Therapy |
| ☐ IntensiveCare | ☐ Anesthesia | ☐ Obstetrical Recovery | ☐ Renal Dialysis |
| ☐ Pediatric/Adol escent | ☐ Clinical Lab | | |
| ☐ Psychiatric Nursing | ☐ Radiological/ Imaging | ☐ Newborn/ WellBaby | ☐ Outpatient Surgery |
| ☐ Obstetrical Ante/Postprtum | ☐ Pharmaceutical | ☐ Emergency | ☒ Central Plant |
| ☐ Intermediate Care | ☐ Dietetic | ☐ Nuclear Medicine | ☐ Support Services |
| ☐ Skilled Nursing | ☐ Administration | | |

**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: **BLD-00614**    Building Name: **Home Health (Block II) Nursing & La**

## Type of Service Provided

| | | | |
|---|---|---|---|
| [X] Nursing | Inpatient Beds | 64 | |
| [ ] IntensiveCare | Inpatient Beds | 0 | |
| [X] Pediatric/Adolescent | Inpatient Beds | 15 | |
| [ ] Psychiatric Nursing | Inpatient Beds | 0 | |
| [X] Obstetrical Ante/Postprtum | Inpatient Beds | 18 | |
| [ ] Intermediate Care | Inpatient Beds | 0 | |
| [ ] Skilled Nursing | Inpatient Beds | 0 | |

Total Beds this Building: 97

[ ] Surgical

[ ] Anesthesia

[X] Clinical Lab

[ ] Radiological/Imaging

[ ] Pharmaceutical

[ ] Dietetic

[X] Administration

[ ] Obstetrical Cesarean/Deliv

[ ] Obstetrical Recovery

[ ] Newborn/WellBaby

[ ] Emergency

[ ] Nuclear Medicine

[ ] Rehabilitation Therapy

[ ] Renal Dialysis

[ ] Outpatient Surgery

[ ] Central Plant

[X] Support Services

Report Status:  **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

**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: **BLD-00615**    Building Name: **Nursing Administration (Block III)**

## Type of Service Provided

☐ Nursing    Inpatient Beds    0

☐ IntensiveCare    Inpatient Beds    0

☐ Pediatric/Adolescent    Inpatient Beds    0

☐ Psychiatric Nursing    Inpatient Beds    0

☐ Obstetrical Ante/Postprtum    Inpatient Beds    0

☐ Intermediate Care    Inpatient Beds    0

☐ Skilled Nursing    Inpatient Beds    0

Total Beds this Building    0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ Support Services

Report Status:    **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

**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: **BLD-00616**     Building Name: **Accounting & Respiratory Thera (IV)**

**Type of Service Provided**

| | | |
|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 |
| ☐ IntensiveCare | Inpatient Beds | 0 |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 |
| ☐ Intermediate Care | Inpatient Beds | 0 |
| ☐ Skilled Nursing | Inpatient Beds | 0 |
| Total Beds this Building | | 0 |

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ 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: **BLD-00618**    Building Name: **Main Building North (Block VI)**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 | |
| ☒ IntensiveCare | Inpatient Beds | 25 | |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 | |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 | |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 | |
| ☐ Intermediate Care | Inpatient Beds | 0 | |
| ☐ Skilled Nursing | Inpatient Beds | 0 | |

☐ Surgical            ☐ Obstetrical Cesarean/Deliv       ☐ Rehabilitation Therapy

☐ Anesthesia

☐ Clinical Lab        ☐ Obstetrical Recovery             ☐ Renal Dialysis

☐ Radiological/Imaging   ☐ Newborn/WellBaby              ☐ Outpatient Surgery

☐ Pharmaceutical

☒ Emergency           ☐ Central Plant

☐ Dietetic            ☐ Nuclear Medicine                 ☒ Support Services

☐ Administration

Total Beds this Building    25

**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: **BLD-00619**    Building Name: **Canopy (Block VII)**

## Type of Service Provided

| | | | |
|---|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 | |
| ☐ IntensiveCare | Inpatient Beds | 0 | |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 | |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 | |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 | |
| ☐ Intermediate Care | Inpatient Beds | 0 | |
| ☐ Skilled Nursing | Inpatient Beds | 0 | |

☐ Surgical          ☐ Obstetrical Cesarean/Deliv          ☐ Rehabilitation Therapy

☐ Anesthesia

☐ Clinical Lab          ☐ Obstetrical Recovery          ☐ Renal Dialysis

☐ Radiological/Imaging          ☐ Newborn/WellBaby          ☐ Outpatient Surgery

☐ Pharmaceutical

☐ Dietetic          ☐ Emergency          ☐ Central Plant

☐ Nuclear Medicine          ☐ Support Services

☐ Administration

Total Beds this Building    0

Report Status:  **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

**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: **BLD-00620**     Building Name: **OB Addition (Block VIII)**

## Type of Service Provided

| | | |
|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 |
| ☒ IntensiveCare | Inpatient Beds | 10 |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 |
| ☐ Intermediate Care | Inpatient Beds | 0 |
| ☐ Skilled Nursing | Inpatient Beds | 0 |

| Total Beds this Building | 10 |
|---|---|

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical Cesarean/Deliv

☒ Obstetrical Recovery

☒ Newborn/WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☐ Support Services

Report Status:  **Data Last Update:** 10/16/2012     **Submission Date:** 10/16/2012     **Print Date:** 11/5/2012 1:26 PM

**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: **BLD-00621**   Building Name: **MRI Facility (Block IX)**

### Type of Service Provided

| | | | |
|---|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 | |
| ☐ IntensiveCare | Inpatient Beds | 0 | |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 | |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 | |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 | |
| ☐ Intermediate Care | Inpatient Beds | 0 | |
| ☐ Skilled Nursing | Inpatient Beds | 0 | |

☐ Surgical   ☐ Obstetrical Cesarean/Deliv   ☐ Rehabilitation Therapy

☐ Anesthesia

☐ Clinical Lab   ☐ Obstetrical Recovery   ☐ Renal Dialysis

☒ Radiological/Imaging   ☐ Newborn/WellBaby   ☐ Outpatient Surgery

☐ Pharmaceutical   ☐ Emergency   ☐ Central Plant

☐ Dietetic   ☒ Nuclear Medicine   ☐ Support Services

☐ Administration

Total Beds this Building: 0

Report Status:   **Data Last Update:** 10/16/2012   **Submission Date:** 10/16/2012   **Print Date:** 11/5/2012 1:26 PM

**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: **BLD-05504**   Building Name: **Central Plant and Ambulance Area**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| ☐ Nursing | Inpatient Beds | 0 | |
| ☐ IntensiveCare | Inpatient Beds | 0 | |
| ☐ Pediatric/Adolescent | Inpatient Beds | 0 | |
| ☐ Psychiatric Nursing | Inpatient Beds | 0 | |
| ☐ Obstetrical Ante/Postprtum | Inpatient Beds | 0 | |
| ☐ Intermediate Care | Inpatient Beds | 0 | |
| ☐ Skilled Nursing | Inpatient Beds | 0 | |

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☒ Central Plant

☐ Support Services

Total Beds this Building   0

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-00614  **Building Name:** Home Health (Block II) Nursing & La

**Medical / Surgical (Include GYN)**

Inpatient Bed: 64    Inpatient Days: 197

**Acute Respiratory Care**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0    Inpatient Days: 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed: 18    Inpatient Days: 2218

**Burn**

Inpatient Bed: 0    Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 0    Inpatient Days: 0

**Pediatric**

Inpatient Bed: 15    Inpatient Days: 1771

**intensive Care Newborn Nursery**

Inpatient Bed: 0    Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0    Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0    Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0    Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0    Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0    Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0    Inpatient Days: 0

**Total Beds this Building Per Unit**

97

**Total Beds this Building Per Service**

97

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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-00615    **Building Name:** Nursing Administration (Block III)

**Medical / Surgical (Include GYN)**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Respiratory Care**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0    Inpatient Days: 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed: 0    Inpatient Days: 0

**Burn**

Inpatient Bed: 0    Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 0    Inpatient Days: 0

**Pediatric**

Inpatient Bed: 0    Inpatient Days: 0

**intensive Care Newborn Nursery**

Inpatient Bed: 0    Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0    Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0    Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0    Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0    Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0    Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0    Inpatient Days: 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

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-00616    **Building Name:** Accounting & Respiratory Thera (IV)

**Medical / Surgical (Include GYN)**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Respiratory Care**

Inpatient Bed: 0    Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0    Inpatient Days: 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed: 0    Inpatient Days: 0

**Burn**

Inpatient Bed: 0    Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 0    Inpatient Days: 0

**Pediatric**

Inpatient Bed: 0    Inpatient Days: 0

**intensive Care Newborn Nursery**

Inpatient Bed: 0    Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0    Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0    Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0    Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0    Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0    Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0    Inpatient Days: 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0

Report Status: **Data Last Update:** 10/16/2012    **Submission Date:** 10/16/2012    **Print Date:** 11/5/2012 1:26 PM

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-00618 **Building Name:** Main Building North (Block VI)

**Medical / Surgical (Include GYN)**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Acute Respiratory Care**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Acute Psychiatric**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Perinatal (exclude Newborn / GYN)**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Burn**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Skilled Nursing**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Pediatric**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**intensive Care Newborn Nursery**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Intermediate Card**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Intensive Care**

| Inpatient Bed | 12 | Inpatient Days | 2499 |

**Rehabilitation Center**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Int. Care / development Disabled**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Coronary Care**

| Inpatient Bed | 13 | Inpatient Days | 2499 |

**Chemical Dependency**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Total Beds this Building Per Unit**

25

**Total Beds this Building Per Service**

25

Report Status: **Data Last Update:** 10/16/2012  **Submission Date:** 10/16/2012  **Print Date:** 11/5/2012 1:26 PM

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-00619    **Building Name:** Canopy (Block VII)

### Medical / Surgical (Include GYN)

Inpatient Bed    0    Inpatient Days    0

### Acute Respiratory Care

Inpatient Bed    0    Inpatient Days    0

### Acute Psychiatric

Inpatient Bed    0    Inpatient Days    0

### Perinatal (exclude Newborn / GYN)

Inpatient Bed    0    Inpatient Days    0

### Burn

Inpatient Bed    0    Inpatient Days    0

### Skilled Nursing

Inpatient Bed    0    Inpatient Days    0

### Pediatric

Inpatient Bed    0    Inpatient Days    0

### intensive Care Newborn Nursery

Inpatient Bed    0    Inpatient Days    0

### Intermediate Card

Inpatient Bed    0    Inpatient Days    0

### Intensive Care

Inpatient Bed    0    Inpatient Days    0

### Rehabilitation Center

Inpatient Bed    0    Inpatient Days    0

### Int. Care / development Disabled

Inpatient Bed    0    Inpatient Days    0

### Coronary Care

Inpatient Bed    0    Inpatient Days    0

### Chemical Dependency

Inpatient Bed    0    Inpatient Days    0

### Total Beds this Building Per Unit

0

### Total Beds this Building Per Service

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-00620      **Building Name:**     OB Addition (Block VIII)

**Medical / Surgical (Include GYN)**

Inpatient Bed  `0`     Inpatient Days  `0`

**Acute Respiratory Care**

Inpatient Bed  `0`     Inpatient Days  `0`

**Acute Psychiatric**

Inpatient Bed  `0`     Inpatient Days  `0`

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  `0`     Inpatient Days  `0`

**Burn**

Inpatient Bed  `0`     Inpatient Days  `0`

**Skilled Nursing**

Inpatient Bed  `0`     Inpatient Days  `0`

**Pediatric**

Inpatient Bed  `0`     Inpatient Days  `0`

**intensive Care Newborn Nursery**

Inpatient Bed  `10`     Inpatient Days  `0`

**Intermediate Card**

Inpatient Bed  `0`     Inpatient Days  `0`

**Intensive Care**

Inpatient Bed  `0`     Inpatient Days  `0`

**Rehabilitation Center**

Inpatient Bed  `0`     Inpatient Days  `0`

**Int. Care / development Disabled**

Inpatient Bed  `0`     Inpatient Days  `0`

**Coronary Care**

Inpatient Bed  `0`     Inpatient Days  `0`

**Chemical Dependency**

Inpatient Bed  `0`     Inpatient Days  `0`

**Total Beds this Building Per Unit**

`10`

**Total Beds this Building Per Service**

`10`

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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-00621    **Building Name:** MRI Facility (Block IX)

**Medical / Surgical (Include GYN)**

Inpatient Bed | 0 | Inpatient Days | 0

**Acute Respiratory Care**

Inpatient Bed | 0 | Inpatient Days | 0

**Acute Psychiatric**

Inpatient Bed | 0 | Inpatient Days | 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed | 0 | Inpatient Days | 0

**Burn**

Inpatient Bed | 0 | Inpatient Days | 0

**Skilled Nursing**

Inpatient Bed | 0 | Inpatient Days | 0

**Pediatric**

Inpatient Bed | 0 | Inpatient Days | 0

**intensive Care Newborn Nursery**

Inpatient Bed | 0 | Inpatient Days | 0

**Intermediate Card**

Inpatient Bed | 0 | Inpatient Days | 0

**Intensive Care**

Inpatient Bed | 0 | Inpatient Days | 0

**Rehabilitation Center**

Inpatient Bed | 0 | Inpatient Days | 0

**Int. Care / development Disabled**

Inpatient Bed | 0 | Inpatient Days | 0

**Coronary Care**

Inpatient Bed | 0 | Inpatient Days | 0

**Chemical Dependency**

Inpatient Bed | 0 | Inpatient Days | 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

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-05504 **Building Name:** Central Plant and Ambulance Area

**Medical / Surgical (Include GYN)**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Acute Respiratory Care**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Acute Psychiatric**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Perinatal (exclude Newborn / GYN)**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Burn**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Skilled Nursing**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Pediatric**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**intensive Care Newborn Nursery**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Intermediate Card**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Intensive Care**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Rehabilitation Center**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Int. Care / development Disabled**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Coronary Care**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Chemical Dependency**

| Inpatient Bed | 0 | Inpatient Days | 0 |

**Total Beds this Building Per Unit**

| 0 |

**Total Beds this Building Per Service**

| 0 |

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