| Report Year: |  |
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2013 10969

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

| Facility Number:   | 10969                                   |
|--|---|
| Facility Name:   | Dominican Hospital Santa Cruz/Frederick |
| Address:   | 610 Frederick Street                    |
| City:  | Santa Cruz                              |
| Hospital Owner/Lice<br>Year of Rep<br>Contact 1 e-mail Ad<br>Contact 2 e-mail Ad | borting: 2013                           |
| Contact 3 e-mail Add   | dress::                                 |
| Name of Sub  | mitter: Robert Omens                    |
| Submission   | Date: 12/10/2013 11:45:16 AM            |
|  |   |

| Report Year: | 2013 | 10969 |  | Dominican Hospital Santa Cruz/Frederick |  | Santa Cruz | Page:2 of 80 |
|--------------|------|-------|--|---|--|------------|--------------|
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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.<br>No.  | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|-------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>02312 | Original Hospital | 610 Frederick Street       | Replace                | SPC2                            | 01/01/2015        | 12/31/2013                     |
| BLD-<br>03807 | Exterior Canopy   | 610 Frederick Street       | Remove                 | N/A                             | 01/01/2015        | 12/31/2013                     |

| Report Year: | 2013 |
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10969

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-          | -02312     | Original Hospital  |                              | Retrofit/F<br>Project:       | Replaceme           | ent Yes                 | -Submitte | d              |
|---------------------------|-------------------|------------|--|------------------------------|------------------------------|---------------------|-------------------------|-----------|----------------|
| Facility<br><u>Number</u> |                   | Sub<br>Num | Scope  | Date Plan                    | Approved P<br>Date           | Proj. Start<br>Date | Proj. Completed<br>Date | Status    | CEQA<br>Review |
| 10969                     | P-2012-<br>02129  | 0          | SPC-1 Decommissioning of Orig. Hospital,<br>N. Wing, 3 Story Add Tower, Emerg. Rm<br>Expansion, ICCU/CCU A | 10/5/2012<br>12:00:00<br>AM  | 12/27/2012<br>12:00:00<br>AM |                     | 2 12/31/2013            | OPEN      | No             |
| 10972                     | IM-2011-<br>00007 | 0          | 2nd Floor Acute Rehab Renovation   | 12/22/2011<br>12:00:00<br>AM |                              | 03/01/201           | 2                       | ACTI      | No             |

| Provide the number of inpatient beds and patient days per type of service per building per section 150001(C)(T)(F) |                   |                                |   |                             |  |
|--|-------------------|--------------------------------|---|-----------------------------|--|
| Building Number: BL  | _D-02312          | Building Name:                 | original Hospital                                   |                             |  |
| Type of Service Prov   | vided             |                                |   |                             |  |
| X Nursing  | Inpatient<br>Beds | 20 Inpatient 5036<br>Days      | Surgical  | Obstetrical<br>Recovery     |  |
| IntensiveCare  | Inpatient<br>Beds | 0 Inpatient Days 0             | Anesthesia  | Newborn/<br>WellBaby        |  |
| Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0 Inpatient Days 0             | Clinical Lab  | Emergency                   |  |
| Psychiatric<br>Nursing   | Inpatient<br>Beds | 0 Inpatient Days 0             | Radiological/<br>Imaging                            | Nuclear<br>Medicine         |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0 Inpatient Days 0             | <ul><li>Pharmaceutical</li><li>X Dietetic</li></ul> | X Rehabilitation<br>Therapy |  |
| Intermediate<br>Care   | Inpatient<br>Beds | 0 Inpatient Days 0             | X Administration                                    | Renal Dialysis              |  |
| X Skilled Nursing  | Inpatient<br>Beds | 37 Inpatient Days 9596         | X Support<br>Services                               | Outpatient<br>Surgery       |  |
|  |                   | Total Beds this 57<br>Building | Cesarean/Deliv                                      | Central Plant               |  |

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

#### Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-03807 Exterior Canopy Building Name: Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/10/2013

Print Date: 12/11/2013 1:50 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-02312           | Building Name: Orig          | inal Hospital          |   | ]  |
|--------------------|---------------------|------------------------------|------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respiratory            | v Care                 | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                         |                        | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days    | Inpatient 37<br>Bed                     | Inpatient 9596<br>Days                     |
| Pediatric          |                     | intensive Care Ne<br>Nursery | wborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center     |                        | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 20<br>Bed          | Inpatient 5036<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency       |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days    | 57                                      | 57   |

Report Status: Data Last Update: 12/09/2013

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

| Building Number:   | BLD-03807           | Building Name:            | xterior Canopy      |   |  |
|--------------------|---------------------|---------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respirat            | ory Care            | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed        | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                      |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed        | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care<br>Nursery | Newborn             | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed        | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center  |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed        | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency    |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed        | Inpatient 0<br>Days | 0                                       | 0  |

Report Status: Data Last Update: 12/09/2013

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

| Building<br>Number | Building<br>Name             | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|------------------------------|--|
| BLD-02312          | Original Hospital            | Replace  |
| BLD-02315          | Emergency Room Expansion     | Remove   |
| BLD-02317          | Emergency Generator Building | Remove   |
| BLD-02318          | Electrical Building          | Remove   |
| BLD-02319          | Acute Rehabilitation Gym     | Remove   |
| BLD-03807          | Exterior Canopy              | Remove   |
| BLD-05402          | Connecting Structure         | Remove   |
| BLD-05403          | Laboratory Expansion         | Remove   |

| Report Year: | 2013 10969 | Dominican Hospital Santa Cruz/Frederick | Santa Cruz | Page:9 of 80 |
|--------------|------------|---|------------|--------------|
|--------------|------------|---|------------|--------------|

| Report Year:         2013         10969  | Dominican Hospital Santa C       | ruz/Frederick        | Santa Cruz            | Page:10 of 80         |  |  |
|--|----------------------------------|----------------------|-----------------------|-----------------------|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:<br>The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or<br>dates for replaced or rebuild buildings as well.<br>The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide<br>said uses for replaced or rebuild buildings as well.<br>The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) |                                  |                      |                       |                       |  |  |
| Building Number: BLD-02312   | Original Hospita                 |                      | Removal 12/3<br>Date: | 1/2013                |  |  |
| Planned Uses for the building to   | be removed from acute care servi | ce:                  |                       |                       |  |  |
| Planned use for building: Clinic   | c Juris                          | sdiction: OSHPD      |                       |                       |  |  |
| Inpatient services currently deliv   | ered in the building:            |                      |                       |                       |  |  |
| X Nursing  | Surgical                         | Obstetric<br>Cesarea |                       | habilitation<br>erapy |  |  |
| IntensiveCare  | Anesthesia                       |                      | _                     |                       |  |  |
| Pediatric/Adol<br>escent   | Clinical Lab                     | Obstetric<br>Recover |                       | nal Dialysis          |  |  |
| Psychiatric<br>Nursing   | Radiological/<br>Imaging         | Newborr<br>WellBab   |                       | itpatient<br>rgery    |  |  |
| Obstetrical<br>Ante/Postprtum  | Pharmaceutical                   |                      |                       | ntral Plant           |  |  |
| Intermediate<br>Care   | X Dietetic                       | Emerger              |                       |                       |  |  |
| X Skilled Nursing  | X Administration                 | Nuclear<br>Medicine  |                       | pport<br>rvices       |  |  |
|  |                                  |                      |                       |                       |  |  |

Submission Date: 12/10/2013

| Report Year                                     | 2013 10  | 969 Do  | minican Hospital Sa      | anta Cruz/Frede                     | rick Santa                             | Cruz                          |                      | Page:11 of 80 |
|---|--|---|--------------------------|-------------------------------------|--|-------------------------------|----------------------|---------------|
| The proje<br>dates for<br>The plan<br>said uses | ected date or dates<br>replaced or rebuild<br>ned uses of the bu<br>s for replaced or re | the building v<br>d buildings as<br>ilding or build<br>build building | ings to be removed       | n service per Se<br>from acute care | ction 130061 (c)(<br>service per Secti | 2)(A) and pro<br>on 130061(c) |                      |               |
| Building  | Number: BLD-0  | 3807  | Exterior C               | anopy                               |  | Removal<br>Date:              | 12/31/201            | 3             |
| Planned   | Uses for the buildi  | ng to be remo   | ved from acute care      | e service:                          |  |                               |                      |               |
| Planned   | use for building:  | Clinic  |                          | Jurisdiction:                       | OSHPD                                  |                               |                      |               |
| Inpatient                                       | services currently   | delivered in th   | ne building:             |                                     |  |                               |                      |               |
|   | Nursing  |   | Surgical                 |                                     | Obstetrical<br>Cesarean/Deli           | V                             | Rehabilit<br>Therapy | ation         |
|   | IntensiveCare  |   | Anesthesia               | —                                   |  |                               | _                    |               |
|   | Pediatric/Adol<br>escent   |   | Clinical Lab             |                                     | Obstetrical<br>Recovery                |                               | Renal Dia            | alysis        |
|   | Psychiatric<br>Nursing   |   | Radiological/<br>Imaging |                                     | Newborn/<br>WellBaby                   |                               | Outpatie<br>Surgery  | nt            |
|   | Obstetrical<br>Ante/Postprtum  |   | Pharmaceutical           |                                     | Emorgonov                              |                               | Central F            | Plant         |
|   | Intermediate<br>Care   |   | Dietetic                 |                                     | Emergency                              |                               |                      |               |
|   | Skilled Nursing  |   | Administration           |                                     | Nuclear<br>Medicine                    |                               | Support<br>Services  |               |
|   |  |   |                          |                                     |  |                               |                      |               |

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/10/2013

| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 2011 an           | d 2012 for buildings to be removed from acute |
|--|---|---|
| Building Nrbr: BLD-02315 Building Name:  | Emergency Room Expansion                                  | Year of Information: 2010                     |
| <u>Unit Type</u>   |   | Information Current As Of:                    |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                                    | Acute Psychiatric                             |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days                        | Inpatient 0 Patient 0<br>Beds Days            |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days                        | Inpatient 0 Patient 0<br>Beds Days            |
| Pediatric  | Intensive Care Newborn Nursery                            | Intermediate Care                             |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days                        | Inpatient 0 Patient 0<br>Beds Days            |
| Intensive Care   | Rehabilitation Center                                     | Int. Care/Developmentally Disabled            |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days                        | Inpatient 0 Patient 0<br>Beds Days            |
| Coronary CareInpatient0Patient0BedsDays  | Chemical Dependency<br>Inpatient 0 Patient 0<br>Beds Days | Total Beds this 0<br>Building per Unit 0      |
|  |   | Building per Service 0                        |

Report Status: Data Last Update: 12/09/2013 S

Submission Date: 12/10/2013

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:13 of 80                        |
|--|---|---|
| Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from acute |
| Building Nrbr: BLD-02315 Building Name:  | Emergency Room Expansion                      | Year of Information: 2011                       |
| Unit Type  |   | Information Current As Of:                      |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Disabled              |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Coronary Care  | Chemical Dependency                           | Total Beds this                                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | D Building per Unit 0<br>Total Beds this 0      |
|  |   | Building per Service                            |

| Report Year: 2013 10969 Domin  | nican Hospital Santa Cruz/Frederick            | Santa Cruz                           | Page:14 of 80  |
|--|--|--------------------------------------|----------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 2011 a | and 2012 for buildings to be remo    | ved from acute |
| Building Nrbr: BLD-02315 Building Name:  | Emergency Room Expansion                       | Year of Information: 20              | )12            |
| Unit Type  |  | Information Current As Of:           |                |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                         | Acute Psychiatric                    |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days             | Inpatient 0 Patier<br>Beds Days      | nt 0           |
| Perinatal (exclude Neborn/GYN)   | Burn   | Skilled Nursing                      |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days             | Inpatient 0 Patier<br>Beds Days      | nt 0           |
| Pediatric  | Intensive Care Newborn Nursery                 | Intermediate Care                    |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days             | Inpatient 0 Patier<br>Beds Days      | nt 0           |
| Intensive Care   | Rehabilitation Center                          | Int. Care/Developmentally D          | )isabled       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days             | Inpatient 0 Patier<br>Beds Days      | nt 0           |
| Coronary Care  | Chemical Dependency                            | Total Beds this                      |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days             | Building per Unit                    |                |
| Beds Days  | Beds Days                                      | Total Beds this<br>Building per Serv | ice            |

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:15 c                         | of 80 |
|--|---|--|-------|
| Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from ac | ute   |
| Building Nrbr: BLD-02317 Building Name:  | Emergency Generator Building                  | Year of Information: 2010                    | 7     |
| Unit Type  |   | Information Current As Of:                   |       |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                            |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                              |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                            |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Disabled           |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Coronary Care  | Chemical Dependency                           | Total Beds this                              |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit Total Beds this          | 0     |
|  |   | Building per Service                         |       |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/Frederick            | Santa Cruz                            | Page:16 of 80  |
|--|---|---------------------------------------|----------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 a | and 2012 for buildings to be remo     | ved from acute |
| Building Nrbr: BLD-02317 Building Name:  | Emergency Generator Building                    | Year of Information: 20               | 11             |
| Unit Type  |   | Information Current As Of:            |                |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                          | Acute Psychiatric                     |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days              | Inpatient 0 Patien<br>Beds Days       | t 0            |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                       |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days              | ) Inpatient 0 Patien<br>Beds Days     | t O            |
| Pediatric  | Intensive Care Newborn Nursery                  | Intermediate Care                     |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days              | Inpatient 0 Patien<br>Beds Days       | t 0            |
| Intensive Care   | Rehabilitation Center                           | Int. Care/Developmentally D           | isabled        |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days              | Inpatient 0 Patien<br>Beds Days       | t 0            |
| Coronary Care  | Chemical Dependency                             | Total Beds this                       |                |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days              | Building per Unit                     | 0              |
|  |   | Total Beds this<br>Building per Servi | <b>ce</b> 0    |

| it days per unit for the year of 2010, 2011 and<br>Emergency Generator Building | 2012 for buildings to be removed from acute<br>Year of Information: 2012   |
|---|--|
| Emergency Generator Building  | Year of Information: 2012  |
|   |  |
| Ir  | formation Current As Of:   |
| Acute Respiratory Care  | Acute Psychiatric  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   |
| Burn  | Skilled Nursing  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   |
| Intensive Care Newborn Nursery  | Intermediate Care  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   |
| Rehabilitation Center   | Int. Care/Developmentally Disabled   |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   |
| Chemical Dependency   | Total Beds this  |
| Inpatient 0 Patient 0<br>Beds Days  | Building per Unit   0     Total Beds this   0     Building per Service   0   |
| F   | Acute Respiratory Care   Inpatient 0   Beds 0   Days 0   Burn 0   Inpatient 0   Beds 0   Patient 0   Days 0   Inpatient 0   Patient 0   Days 0   Acute Respiratory Care   Inpatient 0   Patient 0   Days 0   Acute Respiratory Care   Inpatient 0   Patient 0   Days 0   Chemical Dependency   Inpatient 0   Patient 0 |

| Report Year:         2013         10969         Dom                                       | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:18 of 8                         |
|---|---|---|
| Provide the number of inpatient beds and pat<br>care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from acute |
| Building Nrbr: BLD-02318 Building Name:   | Electrical Building                           | Year of Information: 2010                       |
| Unit Type   |   | Information Current As Of:                      |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                        | Acute Psychiatric                               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Perinatal (exclude Neborn/GYN)  | Burn  | Skilled Nursing                                 |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Pediatric   | Intensive Care Newborn Nursery                | Intermediate Care                               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Intensive Care  | Rehabilitation Center                         | Int. Care/Developmentally Disabled              |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Coronary Care   | Chemical Dependency                           | Total Beds this                                 |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Building per Unit                             |
|   |   | Building per Service                            |

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page                          | e:19 of 80 |
|--|---|--|------------|
| Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed fro | om acute   |
| Building Nrbr: BLD-02318 Building Name:  | Electrical Building                           | Year of Information: 2011                |            |
| Unit Type  |   | Information Current As Of:               |            |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                        |            |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient Beds Days          | 0          |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                          |            |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient Beds Days          | 0          |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                        |            |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient Beds Days          | 0          |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Disable        | d          |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient Beds Days          | 0          |
| Coronary Care  | Chemical Dependency                           | Total Beds this                          |            |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Building per Unit                      | 0          |
|  |   | Building per Service                     | 0          |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/Frederick          | Santa Cruz                             | Page:20 of 80 |
|--|---|--|---------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be remove    | ed from acute |
| Building Nrbr: BLD-02318 Building Name:  | Electrical Building                           | Year of Information: 2012              | 2             |
| Unit Type  |   | Information Current As Of:             |               |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Dis          | abled         |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Coronary Care  | Chemical Dependency                           | Total Beds this                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days            | Building per Unit                      | 0             |
|  |   | Total Beds this<br>Building per Servic | <b>e</b> 0    |

| Page:21 of 80 | nta Cruz                             | k San       | I Santa Cruz/Frederic   | Dominican Hospita   | 10969 Do                             | 2013          | Report Year:     |
|---------------|--------------------------------------|-------------|-------------------------|---------------------|--------------------------------------|---------------|------------------|
| ed from acute | 1 2012 for buildings to be remov     | 0, 2011 and | init for the year of 20 |                     | atient beds and p<br>130061(c)(2)(D) |               |                  |
| )             | Year of Information: 201             |             | bilitation Gym          | Name: Acute Reha    | 9 Building Nam                       | BLD-02319     | Building Nrbr:   |
|               | nformation Current As Of:            | In          |                         |                     | _                                    |               | <u>Unit Type</u> |
|               | Acute Psychiatric                    |             | biratory Care           | Acute Res           | le GYN)                              | jical (includ | Medical/Sur      |
| 0             | Inpatient 0 Patient<br>Beds Days     | 0           | 0 Patient<br>Days       | 0 Inpatient<br>Beds | atient C<br>ays                      |               | Inpatient Beds   |
|               | Skilled Nursing                      |             |                         | Burn                | orn/GYN)                             | clude Nebc    | Perinatal (ex    |
| 0             | Inpatient 0 Patient<br>Beds Days     | 0           | 0 Patient<br>Days       | 0 Inpatient<br>Beds | atient C<br>ays                      |               | Inpatient Beds   |
|               | Intermediate Care                    | у           | are Newborn Nurse       | Intensive C         |                                      |               | Pediatric        |
| 0             | Inpatient 0 Patient<br>Beds Days     | 0           | 0 Patient<br>Days       | 0 Inpatient<br>Beds | atient C<br>ays                      |               | Inpatient Beds   |
| abled         | Int. Care/Developmentally Di         |             | on Center               | Rehabilitat         |                                      | re            | Intensive Ca     |
| 0             | Inpatient 0 Patient<br>Beds Days     | 0           | 0 Patient<br>Days       | 0 Inpatient<br>Beds | atient C<br>ays                      |               | Inpatient Beds   |
|               | Total Beds this                      |             | ependency               | Chemical I          |                                      | re            | Coronary Ca      |
|               | Building per Unit<br>Total Beds this | 0           | 0 Patient<br>Days       | 0 Inpatient<br>Beds | atient C<br>ays                      |               | Inpatient Beds   |
| e             | • •                                  | 0           | 0 Patient               | 0 Inpatient         |                                      | 0 Pa          | Inpatient        |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:22 of 80                        |
|--|---|---|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from acute |
| Building Nrbr: BLD-02319 Building Name:  | Acute Rehabilitation Gym                      | Year of Information: 2011                       |
| Unit Type  |   | Information Current As Of:                      |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Disabled              |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days            |
| Coronary Care  | Chemical Dependency                           | Total Beds this                                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit C                           |
|  |   | Building per Service                            |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/Frederick          | Santa Cruz                             | Page:23 of 80 |
|--|---|--|---------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be remov     | ed from acute |
| Building Nrbr: BLD-02319 Building Name:  | Acute Rehabilitation Gym                      | Year of Information: 201               | 2             |
| Unit Type  |   | Information Current As Of:             |               |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Di           | sabled        |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Coronary Care  | Chemical Dependency                           | Total Beds this                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit<br>Total Beds this |               |
|  |   | Building per Servic                    | e             |

| Report Year:201310969Domin  | nican Hospital Santa Cruz/Frederick         | Santa Cruz                        | Page:24 of 80  |
|---|---|-----------------------------------|----------------|
| Provide the number of inpatient beds and patie<br>care services per Section 130061(c)(2)(D) | nt days per unit for the year of 2010, 2011 | and 2012 for buildings to be remo | ved from acute |
| Building Nrbr: BLD-03807 Building Name:   | Exterior Canopy                             | Year of Information: 20           | 10             |
| Unit Type   |   | Information Current As Of:        |                |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                      | Acute Psychiatric                 |                |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days          | D Inpatient 0 Patien<br>Beds Days | nt 0           |
| Perinatal (exclude Neborn/GYN)  | Burn  | Skilled Nursing                   |                |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days          | D Inpatient 0 Patien<br>Beds Days | nt O           |
| Pediatric   | Intensive Care Newborn Nursery              | Intermediate Care                 |                |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days          | D Inpatient 0 Patien<br>Beds Days | nt O           |
| Intensive Care  | Rehabilitation Center                       | Int. Care/Developmentally D       | Disabled       |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days          | D Inpatient 0 Patier<br>Beds Days | nt O           |
| Coronary Care   | Chemical Dependency                         | Total Beds this                   |                |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days          | Building per Unit                 |                |
|   |   |                                   |                |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/Frederick          | Santa Cruz                             | Page:25 of 80 |
|--|---|--|---------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be remov     | ed from acute |
| Building Nrbr: BLD-03807 Building Name:  | Exterior Canopy                               | Year of Information: 201               | 1             |
| Unit Type  |   | Information Current As Of:             |               |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                      |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Dis          | sabled        |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Coronary Care  | Chemical Dependency                           | Total Beds this                        |               |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit                    | 0             |
|  |   | Total Beds this<br>Building per Servio | e 0           |

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick          | Santa Cruz                             | Page:26 of 80   |
|--|---|--|-----------------|
| Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | 1 and 2012 for buildings to be remo    | oved from acute |
| Building Nrbr: BLD-03807 Building Name:  | Exterior Canopy                               | Year of Information: 20                | 12              |
| Unit Type  |   | Information Current As Of:             |                 |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                      |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patier<br>Beds Days      | nt O            |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                        |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patier<br>Beds Days      | nt O            |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                      |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patier<br>Beds Days      | nt O            |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally I            | Disabled        |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patier<br>Beds Days      | nt 0            |
| Coronary Care  | Chemical Dependency                           | Total Beds this                        |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit<br>Total Beds this |                 |
|  |   | Building per Serv                      | vice            |

| Report Year:         2013         10969         Dom                                       | inican Hospital Santa Cruz/Frederick          | Santa Cruz P                           | age:27 of 80 |
|---|---|--|--------------|
| Provide the number of inpatient beds and pat<br>care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed   | from acute   |
| Building Nrbr: BLD-05402 Building Name:   | Connecting Structure                          | Year of Information: 2010              |              |
| Unit Type   |   | Information Current As Of:             |              |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                        | Acute Psychiatric                      |              |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0            |
| Perinatal (exclude Neborn/GYN)  | Burn  | Skilled Nursing                        |              |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0            |
| Pediatric   | Intensive Care Newborn Nursery                | Intermediate Care                      |              |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0            |
| Intensive Care  | Rehabilitation Center                         | Int. Care/Developmentally Disa         | bled         |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0            |
| Coronary Care   | Chemical Dependency                           | Total Beds this                        |              |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Building per Unit<br>Total Beds this | 0            |
|   |   | Building per Service                   |              |

| Report Year:         2013         10969         Dom                                       | inican Hospital Santa Cruz/Frederick          | Santa Cruz                             | Page:28 of 80 |
|---|---|--|---------------|
| Provide the number of inpatient beds and pat<br>care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be remov     | ed from acute |
| Building Nrbr: BLD-05402 Building Name:   | Connecting Structure                          | Year of Information: 201               | 1             |
| Unit Type   |   | Information Current As Of:             |               |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                        | Acute Psychiatric                      |               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Perinatal (exclude Neborn/GYN)  | Burn  | Skilled Nursing                        |               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Pediatric   | Intensive Care Newborn Nursery                | Intermediate Care                      |               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Intensive Care  | Rehabilitation Center                         | Int. Care/Developmentally Dis          | sabled        |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient<br>Beds Days     | 0             |
| Coronary Care   | Chemical Dependency                           | Total Beds this                        |               |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Building per Unit<br>Total Beds this |               |
|   |   | Building per Servic                    |               |

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:29 d                         | of 80 |
|--|---|--|-------|
| Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from ac | ute   |
| Building Nrbr: BLD-05402 Building Name:  | Connecting Structure                          | Year of Information: 2012                    | 7     |
| Unit Type  |   | Information Current As Of:                   |       |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                        | Acute Psychiatric                            |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                              |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Pediatric  | Intensive Care Newborn Nursery                | Intermediate Care                            |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Intensive Care   | Rehabilitation Center                         | Int. Care/Developmentally Disabled           |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient Beds Days              | 0     |
| Coronary Care  | Chemical Dependency                           | Total Beds this                              |       |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                 | 0 Building per Unit Total Beds this          | 0     |
|  |   | Building per Service                         |       |

| Report Year:         2013         10969         Dom                                       | inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:30 of a                        | 80       |
|---|---|--|----------|
| Provide the number of inpatient beds and pat<br>care services per Section 130061(c)(2)(D) | ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from acut | te       |
| Building Nrbr: BLD-05403 Building Name:   | Laboratory Expansion                          | Year of Information: 2010                      |          |
| Unit Type   |   | Information Current As Of:                     |          |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                        | Acute Psychiatric                              |          |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days           | Ŋ        |
| Perinatal (exclude Neborn/GYN)  | Burn  | Skilled Nursing                                |          |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days           | Ŋ        |
| Pediatric   | Intensive Care Newborn Nursery                | Intermediate Care                              |          |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days           | Ŋ        |
| Intensive Care  | Rehabilitation Center                         | Int. Care/Developmentally Disabled             |          |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Inpatient 0 Patient 0<br>Beds Days           | Ŋ        |
| Coronary Care   | Chemical Dependency                           | Total Beds this                                |          |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient Beds Days                 | 0 Building per Unit Total Beds this            | 0        |
|   |   | Building per Service                           | <u> </u> |

| inican Hospital Santa Cruz/Frederick          | Santa Cruz Page:31 of 80   |
|---|--|
| ient days per unit for the year of 2010, 2011 | and 2012 for buildings to be removed from acute  |
| Laboratory Expansion                          | Year of Information: 2011  |
|   | Information Current As Of:   |
| Acute Respiratory Care                        | Acute Psychiatric  |
| Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days   |
| Burn  | Skilled Nursing  |
| Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days   |
| Intensive Care Newborn Nursery                | Intermediate Care  |
| Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days   |
| Rehabilitation Center                         | Int. Care/Developmentally Disabled   |
| Inpatient 0 Patient 0<br>Beds Days            | 0 Inpatient 0 Patient 0<br>Beds Days   |
| Chemical Dependency                           | Total Beds this  |
| Inpatient 0 Patient 0<br>Beds Days            | O     Building per Unit     0       Total Beds this     0       Building per Service     0   |
|   | ient days per unit for the year of 2010, 2011   Laboratory Expansion   Acute Respiratory Care   Inpatient   0   Patient   Days     Burn   Inpatient   0   Patient   Days     Intensive Care Newborn Nursery   Inpatient   0   Patient   Days     Inpatient   0   Patient   Days     Inpatient   0   Patient   Days     Chemical Dependency   Inpatient   0   Patient |

| Report Year:         2013         10969         Dom                                    | inican Hospital Santa Cruz/Frederick              | Santa Cruz                           | Page:32 of 80   |
|--|---|--------------------------------------|-----------------|
| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 207       | 11 and 2012 for buildings to be remo | oved from acute |
| Building Nrbr: BLD-05403 Building Name:  | Laboratory Expansion                              | Year of Information: 20              | 012             |
| <u>Unit Type</u>   |   | Information Current As Of:           |                 |
| Medical/Surgical (include GYN)   | Acute Respiratory Care                            | Acute Psychiatric                    |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                     | 0 Inpatient 0 Patie<br>Beds Days     |                 |
| Perinatal (exclude Neborn/GYN)   | Burn  | Skilled Nursing                      |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                     | 0 Inpatient 0 Patie<br>Beds Days     |                 |
| Pediatric  | Intensive Care Newborn Nursery                    | Intermediate Care                    |                 |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                     | 0 Inpatient 0 Patie<br>Beds Days     |                 |
| Intensive Care   | Rehabilitation Center                             | Int. Care/Developmentally I          | Disabled        |
| Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient Beds Days                     | 0 Inpatient 0 Patie<br>Beds Days     |                 |
| Coronary Care<br>Inpatient 0 Patient 0<br>Beds Days                                    | Chemical Dependency Inpatient 0 Patient Beds Days | Total Beds this 0 Building per Unit  | 0               |
|  |   | Total Beds this<br>Building per Serv | vice 0          |

| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                      |   |  |
|--|----------------------|---|--|
| Building Nrbr: BLD-02315 Building Name:  | Emergency Room Expan | sion Year of Information: 2010                                |  |
| <u>Type of Services</u><br>Provided  |                      | Information Current As 09/23/2013<br>Of:                      |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days    | Surgical Obstetrical Rehabilitation<br>Cesarean/Deliv Therapy |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days    | Anesthesia  |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days    | Clinical Lab  |  |
| PsychiatricInpatient0NursingBeds   | Patient 0<br>Days    | Radiological/ Newborn/ Outpatient<br>Imaging WellBaby Surgery |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days    | Pharmaceutical Emergency X Central Plant                      |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days    | Dietetic Nuclear Support<br>Medicine Services                 |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days    | Administration  |  |
| Total Beds this Building per service   | 0                    |   |  |

Report Status: Data Last Update: 12/09/2013

| Report Year:       2013       10969       Dominican Hospital Santa Cruz/Frederick       Santa Cruz       I   |   |                          |   |                    |           | Page:34 of 80           |                               |    |                           |  |
|--|---|--------------------------|---|--------------------|-----------|-------------------------|-------------------------------|----|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |   |                          |   |                    |           |                         |                               |    |                           |  |
| Building Nrbr: BLD-02315 Building Name:  |   | Emergency Room Expansion |   |                    |           | Year of Information: 20 |                               | 11 |                           |  |
| <u>Type of Services</u><br><u>Provided</u>   |   |                          |   |                    |           | nformati<br>)f:         | on Current As                 | 09 | /23/2013                  |  |
| Nursing Inpatient Beds   | 0 | Patient<br>Days          | 0 | Surgica            | al        |                         | Dbstetrical<br>Cesarean/Deliv |    | Rehabilitation<br>Therapy |  |
| IntensiveCare Inpatient Beds   | 0 | Patient<br>Days          | 0 | Anesth             | esia      |                         | Obstetrical                   |    | Renal Dialysis            |  |
| Pediatric/Adol Inpatient<br>escent Beds  | 0 | Patient<br>Days          | 0 | Clinical           | Lab       | Recovery                |                               |    |                           |  |
| Psychiatric Inpatient<br>Nursing Beds  | 0 | Patient<br>Days          | 0 | Radiolo<br>Imaging |           |                         | Newborn/<br>VellBaby          |    | Outpatient<br>Surgery     |  |
| Obstetrical Inpatient<br>Ante/Postprtum Beds   | 0 | Patient<br>Days          | 0 | Pharma             | aceutical | E                       | Emergency                     | X  | Central Plant             |  |
| Intermediate Inpatient<br>Care Beds  | 0 | Patient<br>Days          | 0 | Dietetic           | ;         |                         | Nuclear<br>Medicine           |    | Support<br>Services       |  |
| Skilled Nursing Inpatient<br>Beds  | 0 | Patient<br>Days          | 0 | Adminis            | stration  |                         |                               |    |                           |  |
| Total Beds this Building per service 0   |   |                          |   |                    |           |                         |                               |    |                           |  |

| Report Year:         2013         10969         Dominican Hospital Santa Cruz/Frederick         Santa Cruz   |                      |                          |                               |                           |  |  |  |  |
|--|----------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                      |                          |                               |                           |  |  |  |  |
| Building Nrbr: BLD-02315 Building Name:  | Emergency Room Expan | sion                     | Year of Information:          | 2012                      |  |  |  |  |
| <u>Type of Services</u><br><u>Provided</u>   |                      |                          | Information Current As<br>Of: | 09/23/2013                |  |  |  |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days    | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days    | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days    | Clinical Lab             | Recovery                      |                           |  |  |  |  |
| Psychiatric Inpatient 0<br>Nursing Beds  | Patient 0<br>Days    | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days    | Pharmaceutica            | Emergency                     | X Central Plant           |  |  |  |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days    | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |  |  |  |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days    | Administration           |                               |                           |  |  |  |  |
| Total Beds this Building per service 0   |                      |                          |                               |                           |  |  |  |  |

| Report Year:     2013     10969     Dominican Hospital Santa Cruz/Frederick     Santa Cruz   |                        |                          |                               |                           |  |  |  |  |
|--|------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                        |                          |                               |                           |  |  |  |  |
| Building Nrbr: BLD-02317 Building Name:  | Emergency Generator Bu | uilding                  | Year of Information:          | 2010                      |  |  |  |  |
| <u>Type of Services</u><br><u>Provided</u>   |                        |                          | Information Current As<br>Of: | 09/23/2013                |  |  |  |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days      | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days      | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days      | Clinical Lab             | Recovery                      |                           |  |  |  |  |
| Psychiatric Inpatient 0<br>Nursing Beds  | Patient 0<br>Days      | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days      | Pharmaceutica            | I Emergency                   | X Central Plant           |  |  |  |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days      | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |  |  |  |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days      | Administration           |                               |                           |  |  |  |  |
| Total Beds this Building per service 0   |                        |                          |                               |                           |  |  |  |  |

| Report Year:         2013         10969         Dom   | inican Hospital Santa Cruz | /Frederick San           | ta Cruz                       | Page:37 of 80             |
|---|----------------------------|--------------------------|-------------------------------|---------------------------|
| Provide the number of inpatient beds and pat<br>from acute care services per Section 130061 |                            | e for the year of 2010   | , 2011 and 2012 for buildir   | ngs to be removed         |
| Building Nrbr: BLD-02317 Building Name:   | Emergency Generator Bu     | uilding                  | Year of Information:          | 2011                      |
| <u>Type of Services</u><br><u>Provided</u>  |                            |                          | Information Current As<br>Of: | 09/23/2013                |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days          | Anesthesia               | Obstetrical                   | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days          | Clinical Lab             | Recovery                      |                           |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days          | Pharmaceutica            | Emergency                     | X Central Plant           |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days          | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days          | Administration           |                               |                           |
| Total Beds this Building per service  | 0                          |                          |                               |                           |

| Report Year:   2013   10969   Dom  | inican Hospital Santa Cruz/ | /Frederick San           | ta Cruz                       | Page:38 of 80             |  |
|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                             |                          |                               |                           |  |
| Building Nrbr: BLD-02317 Building<br>Name:   | Emergency Generator Bu      | uilding                  | Year of Information:          | 2012                      |  |
| Type of Services<br>Provided   |                             |                          | nformation Current As<br>Of:  | 09/23/2013                |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days           | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days           | Clinical Lab             | Recovery                      |                           |  |
| Psychiatric Inpatient 0<br>Nursing Beds  | Patient 0<br>Days           | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days           | Pharmaceutical           | Emergency                     | X Central Plant           |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days           | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Administration           |                               |                           |  |
| Total Beds this Building per service   | 0                           |                          |                               |                           |  |

| Report Year:   2013   10969   Dominant   | nican Hospital Santa Cruz/Fr | rederick Sant            | a Cruz                        | Page:39 of 80             |
|--|------------------------------|--------------------------|-------------------------------|---------------------------|
| Provide the number of inpatient beds and pati<br>from acute care services per Section 130061 |                              | for the year of 2010,    | 2011 and 2012 for buildin     | ngs to be removed         |
| Building Nrbr: BLD-02318 Building<br>Name:   | Electrical Building          |                          | Year of Information:          | 2010                      |
| <u>Type of Services</u><br><u>Provided</u>   |                              |                          | nformation Current As<br>Df:  | 09/23/2013                |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days            | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days            | Anesthesia               | Obstetrical                   | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days            | Clinical Lab             | Recovery                      |                           |
| PsychiatricInpatient0NursingBeds   | Patient 0<br>Days            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days            | Pharmaceutical           | Emergency                     | X Central Plant           |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days            | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days            | Administration           |                               |                           |
| Total Beds this Building per service   | 0                            |                          |                               |                           |

| Report Year:         2013         10969         Dom   | inican Hospital Santa Cruz/ | Frederick Santa Cruz                              | Page:40 of 80             |
|---|-----------------------------|---|---------------------------|
| Provide the number of inpatient beds and pat<br>from acute care services per Section 130061 |                             | e for the year of 2010, 2011 and 2012 for buildin | gs to be removed          |
| Building Nrbr: BLD-02318 Building Name:   | Electrical Building         | Year of Information:                              | 2011                      |
| Type of Services<br>Provided  |                             | Information Current As<br>Of:                     | 09/23/2013                |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Surgical Obstetrical Cesarean/Deliv               | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days           | Anesthesia  | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days           | Clinical Lab                                      |                           |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days           | Radiological/ Newborn/<br>Imaging WellBaby        | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days           | Pharmaceutical Emergency                          | K Central Plant           |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days           | Dietetic Nuclear Medicine                         | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Administration                                    |                           |
| Total Beds this Building per service  | 0                           |   |                           |

| Report Year:   2013   10969   Don   | iinican Hospital Santa Cruz | Frederick Santa Cruz                              | Page:41 of 80             |
|---|-----------------------------|---|---------------------------|
| Provide the number of inpatient beds and pa<br>from acute care services per Section 13006 |                             | e for the year of 2010, 2011 and 2012 for buildin | gs to be removed          |
| Building Nrbr: BLD-02318 Building Name:   | Electrical Building         | Year of Information:                              | 2012                      |
| <u>Type of Services</u><br><u>Provided</u>  |                             | Information Current As<br>Of:                     | 09/23/2013                |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Surgical Obstetrical Cesarean/Deliv               | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days           | Anesthesia  | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days           | Clinical Lab Recovery                             |                           |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days           | Radiological/ Newborn/<br>Imaging WellBaby        | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days           | Pharmaceutical Emergency                          | X Central Plant           |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days           | Dietetic Nuclear Medicine                         | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Administration                                    |                           |
| Total Beds this Building per service  | 0                           |   |                           |

| Report Year: 2013 1   | 0969 Domi         | nican Hospital Santa Cruz | /Frederick San           | ta Cruz                       | Page:42 of 80               |
|---|-------------------|---------------------------|--------------------------|-------------------------------|-----------------------------|
| Provide the number of inpatie<br>from acute care services per |                   |                           | e for the year of 2010   | , 2011 and 2012 for build     | ings to be removed          |
| Building Nrbr: BLD-02319                                      | Building<br>Name: | Acute Rehabilitation Gym  | 1                        | Year of Information:          | 2010                        |
| <u>Type of Services</u><br>Provided                           |                   |                           |                          | Information Current As<br>Of: | 09/23/2013                  |
| Nursing Inpatie<br>Beds                                       | ent 0             | Patient 0<br>Days         | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |
| IntensiveCare Inpatie<br>Beds                                 | ent 0             | Patient 0<br>Days         | Anesthesia               | Obstetrical                   | Renal Dialysis              |
| Pediatric/Adol Inpatie<br>escent Beds                         | ent 0             | Patient 0<br>Days         | Clinical Lab             | Recovery                      |                             |
| Psychiatric Inpatie<br>Nursing Beds                           | ent 0             | Patient 0<br>Days         | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |
| Obstetrical Inpatie<br>Ante/Postprtum Beds                    | ent 0             | Patient 0<br>Days         | Pharmaceutica            | Emergency                     | Central Plant               |
| Intermediate Inpatie<br>Care Beds                             | ent 0             | Patient 0<br>Days         | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services         |
| Skilled Nursing Inpatie<br>Beds                               | ent 0             | Patient 0<br>Days         | Administration           |                               |                             |
| Total Beds this Building                                      | per service       | 0                         |                          |                               |                             |

| Report Year:   2013   10969   Dom  | inican Hospital Santa Cruz/ | Frederick Santa            | Cruz                          | Page:43 of 80               |
|--|-----------------------------|----------------------------|-------------------------------|-----------------------------|
| Provide the number of inpatient beds and pati<br>from acute care services per Section 130061 |                             | e for the year of 2010, 20 | 011 and 2012 for buildin      | gs to be removed            |
| Building Nrbr: BLD-02319 Building Name:  | Acute Rehabilitation Gym    | l                          | Year of Information:          | 2011                        |
| <u>Type of Services</u><br><u>Provided</u>   |                             | Info<br>Of:                |                               | 09/23/2013                  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Surgical                   | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days           | Anesthesia                 | Obstetrical                   | Renal Dialysis              |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days           | Clinical Lab               | Recovery                      |                             |
| Psychiatric Inpatient 0<br>Nursing Beds  | Patient 0<br>Days           | Radiological/<br>Imaging   | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days           | Pharmaceutical             | Emergency                     | Central Plant               |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days           | Dietetic                   | Nuclear [                     | Support<br>Services         |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Administration             |                               |                             |
| Total Beds this Building per service   | 0                           |                            |                               |                             |

| Report Year:   2013   10969   Dominant   | nican Hospital Santa Cruz/Frederi | Santa Cruz                                  | Page:44 of 80             |
|--|-----------------------------------|---|---------------------------|
| Provide the number of inpatient beds and pati<br>from acute care services per Section 130061 |                                   | e year of 2010, 2011 and 2012 for buildings | to be removed             |
| Building Nrbr: BLD-02319 Building<br>Name:   | Acute Rehabilitation Gym          | Year of Information: 20                     | 012                       |
| <u>Type of Services</u><br><u>Provided</u>   |                                   | Information Current As Of:                  | 9/23/2013                 |
| Nursing Inpatient 0<br>Beds  | Patient 0 5<br>Days               | Surgical Obstetrical X<br>Cesarean/Deliv    | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0 4<br>Days               | Anesthesia                                  | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0 0                       | Clinical Lab                                | rional Dialyolo           |
| Psychiatric Inpatient 0<br>Nursing Beds  |                                   | Radiological/ Newborn/ MellBaby             | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days                 | Pharmaceutical Emergency                    | Central Plant             |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days                 | Dietetic Nuclear Medicine                   | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days                 | Administration                              |                           |
| Total Beds this Building per service   | 0                                 |   |                           |

| Report Year:201310969Dom  | inican Hospital Santa Cruz/ | Frederick Santa Cruz                               | Page:45 of 80             |
|---|-----------------------------|--|---------------------------|
| Provide the number of inpatient beds and pat<br>from acute care services per Section 130061 |                             | e for the year of 2010, 2011 and 2012 for building | gs to be removed          |
| Building Nrbr: BLD-03807 Building<br>Name:  | Exterior Canopy             | Year of Information:                               | 2010                      |
| Type of Services<br>Provided  |                             | Information Current As<br>Of:                      |                           |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Surgical Obstetrical Cesarean/Deliv                | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days           | Anesthesia   | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days           | Clinical Lab                                       |                           |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days           | Radiological/ Newborn/<br>Imaging WellBaby         | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days           | Pharmaceutical Emergency                           | Central Plant             |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days           | Dietetic Nuclear Medicine                          | Support<br>Services       |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Administration                                     |                           |
| Total Beds this Building per service  | 0                           |  |                           |

| Report Year: 20                            | 013 10969 Dom  | inican Hospital Santa Cruz | Frederick Santa Cruz                              | Page:46 of 80             |
|--|--|----------------------------|---|---------------------------|
|  | of inpatient beds and pati<br>ces per Section 130061 |                            | e for the year of 2010, 2011 and 2012 for buildir | ngs to be removed         |
| Building Nrbr: BLD-0                       | 03807 Building<br>Name:                              | Exterior Canopy            | Year of Information:                              | 2011                      |
| <u>Type of Services</u><br><u>Provided</u> |  |                            | Information Current As<br>Of:                     |                           |
| Nursing                                    | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Surgical Obstetrical Cesarean/Deliv               | Rehabilitation<br>Therapy |
| IntensiveCare                              | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Anesthesia  | Renal Dialysis            |
| Pediatric/Adol<br>escent                   | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Clinical Lab                                      |                           |
| Psychiatric<br>Nursing                     | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Radiological/ Newborn/<br>Imaging WellBaby        | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum              | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Pharmaceutical Emergency                          | Central Plant             |
| Intermediate<br>Care                       | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Dietetic Nuclear [                                | Support<br>Services       |
| Skilled Nursing                            | Inpatient 0<br>Beds                                  | Patient 0<br>Days          | Administration                                    |                           |
| Total Beds this B                          | uilding per service                                  | 0                          |   |                           |

| Report Year:         2013         10969         Dom   | inican Hospital Santa Cruz/ | Frederick Santa Cruz                               | Page:47 of 80             |
|---|-----------------------------|--|---------------------------|
| Provide the number of inpatient beds and pat<br>from acute care services per Section 130061 |                             | e for the year of 2010, 2011 and 2012 for building | s to be removed           |
| Building Nrbr: BLD-03807 Building Name:   | Exterior Canopy             | Year of Information: 2                             | 2012                      |
| Type of Services<br>Provided  |                             | Information Current As<br>Of:                      |                           |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Surgical Obstetrical Cesarean/Deliv                | Rehabilitation<br>Therapy |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days           | Anesthesia   | Renal Dialysis            |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days           | Clinical Lab                                       |                           |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days           | Radiological/ Newborn/<br>Imaging WellBaby         | Outpatient<br>Surgery     |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days           | Pharmaceutical Emergency                           | Central Plant             |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days           | Dietetic Nuclear Medicine                          | ] Support<br>Services     |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Administration                                     |                           |
| Total Beds this Building per service  | 0                           |  |                           |

| Report Year:   2013   10969   Dor   | ninican Hospital Santa Cruz | Frederick Santa Cruz                       | Page:48 of 80              |
|---|-----------------------------|--|----------------------------|
| Provide the number of inpatient beds and pa<br>from acute care services per Section 13006 |                             | e for the year of 2010, 2011 and 2012 fo   | or buildings to be removed |
| Building Nrbr: BLD-05402 Building Name:   | Connecting Structure        | Year of Info                               | rmation: 2010              |
| <u>Type of Services</u><br><u>Provided</u>  |                             | Information Curren<br>Of:                  | t As 09/23/2013            |
| Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Surgical Obstetrical Cesarean/I            | Deliv Rehabilitation       |
| IntensiveCare Inpatient 0<br>Beds   | Patient 0<br>Days           | Anesthesia                                 | Renal Dialysis             |
| Pediatric/Adol Inpatient 0<br>escent Beds   | Patient 0<br>Days           | Clinical Lab                               |                            |
| Psychiatric Inpatient 0<br>Nursing Beds   | Patient 0<br>Days           | Radiological/ Newborn/<br>Imaging WellBaby | Outpatient<br>Surgery      |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds  | Patient 0<br>Days           | Pharmaceutical Emergency                   | / Central Plant            |
| Intermediate Inpatient 0<br>Care Beds   | Patient 0<br>Days           | Dietetic Nuclear<br>Medicine               | Support<br>Services        |
| Skilled Nursing Inpatient 0<br>Beds   | Patient 0<br>Days           | Administration                             |                            |
| Total Beds this Building per service  | 0                           |  |                            |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/F | Frederick San            | a Cruz                        | Page:49 of 80             |  |
|--|------------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                              |                          |                               |                           |  |
| Building Nrbr: BLD-05402 Building Name:  | Connecting Structure         |                          | Year of Information:          | 2011                      |  |
| <u>Type of Services</u><br><u>Provided</u>   |                              |                          | nformation Current As<br>Df:  | 09/23/2013                |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days            | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days            | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days            | Clinical Lab             | Recovery                      |                           |  |
| Psychiatric<br>NursingInpatient0Beds   | Patient 0<br>Days            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days            | Pharmaceutical           | Emergency                     | Central Plant             |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days            | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days            | Administration           |                               |                           |  |
| Total Beds this Building per service   | 0                            |                          |                               |                           |  |

| Report Year: 201                           | 13 10969 Domi  | nican Hospital Santa Cruz/ | Frederick San            | ta Cruz                       | Page:50 of 80             |  |
|--|--|----------------------------|--------------------------|-------------------------------|---------------------------|--|
|  | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                            |                          |                               |                           |  |
| Building Nrbr: BLD-05                      | 5402 Building<br>Name:   | Connecting Structure       |                          | Year of Information:          | 2012                      |  |
| <u>Type of Services</u><br><u>Provided</u> |  |                            |                          | nformation Current As<br>Df:  | 09/23/2013                |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Clinical Lab             | Recovery                      |                           |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Pharmaceutical           | Emergency                     | Central Plant             |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Administration           |                               |                           |  |
| Total Beds this Buil                       | ilding per service   | 0                          |                          |                               |                           |  |

| Report Year:   2013   10969   Dom  | inican Hospital Santa Cruz/Frederick | Santa Cruz                    | Page:51 of 80             |  |  |  |
|--|--------------------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                                      |                               |                           |  |  |  |
| Building Nrbr: BLD-05403 Building Name:  | Laboratory Expansion                 | Year of Information:          | 2010                      |  |  |  |
| <u>Type of Services</u><br><u>Provided</u>   |                                      | Information Current As (      | 09/23/2013                |  |  |  |
| Nursing Inpatient 0<br>Beds  | Patient 0 Surgica<br>Days            | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0 Anesthe<br>Days            | sia                           | Renal Dialysis            |  |  |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0 X Clinical<br>Days         |                               |                           |  |  |  |
| PsychiatricInpatient0NursingBeds   | Patient 0 Radiolo<br>Days Imaging    |                               | Outpatient<br>Surgery     |  |  |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days Pharma             | ceutical Emergency            | Central Plant             |  |  |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days Dietetic           | Nuclear Medicine              | ] Support<br>Services     |  |  |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days Adminis            |                               |                           |  |  |  |
| Total Beds this Building per service   | 0                                    |                               |                           |  |  |  |

| Report Year: 2                             | 013 10969 Dom  | inican Hospital Santa Cruz/ | Frederick San            | ta Cruz                       | Page:52 of 80             |  |
|--|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
|  | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                             |                          |                               |                           |  |
| Building Nrbr: BLD-(                       | 05403 Building<br>Name:  | Laboratory Expansion        |                          | Year of Information:          | 2011                      |  |
| <u>Type of Services</u><br><u>Provided</u> |  |                             |                          | Information Current As<br>Of: | 09/23/2013                |  |
| Nursing                                    | Inpatient 0<br>Beds  | Patient 0<br>Days           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare                              | Inpatient 0<br>Beds  | Patient 0<br>Days           | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |
| Pediatric/Adol<br>escent                   | Inpatient 0<br>Beds  | Patient 0<br>Days           | X Clinical Lab           | Recovery                      |                           |  |
| Psychiatric<br>Nursing                     | Inpatient 0<br>Beds  | Patient 0<br>Days           | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
| Obstetrical<br>Ante/Postprtum              | Inpatient 0<br>Beds  | Patient 0<br>Days           | Pharmaceutica            | Emergency                     | Central Plant             |  |
| Intermediate<br>Care                       | Inpatient 0<br>Beds  | Patient 0<br>Days           | Dietetic                 | Nuclear [<br>Medicine         | Support<br>Services       |  |
| Skilled Nursing                            | Inpatient 0<br>Beds  | Patient 0<br>Days           | Administration           |                               |                           |  |
| Total Beds this B                          | uilding per service  | 0                           |                          |                               |                           |  |

| Report Year:         2013         10969         Dom  | inican Hospital Santa Cruz/ | Frederick San            | ta Cruz                       | Page:53 of 80             |  |
|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                             |                          |                               |                           |  |
| Building Nrbr: BLD-05403 Building Name:  | Laboratory Expansion        |                          | Year of Information:          | 2012                      |  |
| <u>Type of Services</u><br><u>Provided</u>   |                             |                          | nformation Current As<br>Of:  | 09/23/2013                |  |
| Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare Inpatient 0<br>Beds  | Patient 0<br>Days           | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |
| Pediatric/Adol Inpatient 0<br>escent Beds  | Patient 0<br>Days           | X Clinical Lab           | Recovery                      |                           |  |
| Psychiatric Inpatient 0<br>Nursing Beds  | Patient 0<br>Days           | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
| Obstetrical Inpatient 0<br>Ante/Postprtum Beds   | Patient 0<br>Days           | Pharmaceutical           | Emergency                     | Central Plant             |  |
| Intermediate Inpatient 0<br>Care Beds  | Patient 0<br>Days           | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
| Skilled Nursing Inpatient 0<br>Beds  | Patient 0<br>Days           | Administration           |                               |                           |  |
| Total Beds this Building per service   | 0                           |                          |                               |                           |  |

| Report Year: |  |
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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 BLD-02312 Building Name: Original Hospital Number:   |                      |                  |                 |  |  |
|---|----------------------|------------------|-----------------|--|--|
| Will general acute care services and beds will be relocated to a new, Existing or re                    | etrofitted building? |                  |                 |  |  |
| Nursing Relocated to other building   |                      |                  |                 |  |  |
| Facility Project Sub Scope<br>Status  | Date Plan Approved   | Proj. Start Proj | j. Completed    |  |  |
| Number Num  | in Date              | Date             | Date            |  |  |
| IM-2011-     0 2nd Floor Acute Rehab Renovation     00007   | 2011-12-22           | 03/01/2012       | 12/31/2013 ACTI |  |  |
| Building BLD-02312 Building Name: Original Hospital Number:   |                      |                  |                 |  |  |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |                      |                  |                 |  |  |
| Skilled Nursing N/A   |                      |                  |                 |  |  |
|   |                      |                  |                 |  |  |
| Building BLD-02312 Building Name: Original Hospital Number:   |                      |                  |                 |  |  |
| Will general acute care services and beds will be relocated to a new, Existing or re                    | etrofitted building? |                  |                 |  |  |
| Support Services N/A  |                      |                  |                 |  |  |
|   |                      |                  |                 |  |  |

| Report Year: | 2013 10969 | Dominican Hospital Santa Cruz/Frederick | Santa Cruz | Page:55 of 80 |
|--------------|------------|---|------------|---------------|
|--------------|------------|---|------------|---------------|

| Report Year:   | 2013 10969 | Dominican Hospital Santa C | ruz/Frederick          | Santa Cruz  | Page:56 of 80 |
|--|------------|----------------------------|------------------------|-------------|---------------|
| Building<br>Number:<br>Will general acute<br>Rehabilitation<br>Therapy |            | ng Name: Original Hospital | Existing or retrofitte | d building? |               |
| Building<br>Number:<br>Will general acute<br>Rehabilitation<br>Center  |            | ng Name: Original Hospital | Existing or retrofitte | d building? |               |
| Building<br>Number:<br>Will general acute<br>Skilled Nursing           |            | ng Name: Original Hospital | Existing or retrofitte | d building? |               |

Each hospital owner shall alsop report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

| Report Year:   | 2013 10969 Domin  | can Hospital Santa Cruz/Frederick            | Santa Cruz  | Page:57 of 80 |
|--|---|--|-------------|---------------|
| Building<br>Number:<br>Will general acu<br>Rehabilitation<br>Therapy | BLD-02315 Building Name<br>te care services and beds will be<br>Removed from hospital | e relocated to a new, Existing or retrofitte | d building? |               |
| Building<br>Number:<br>Will general acu<br>CentralPlant              | BLD-02317 Building Name<br>te care services and beds will be<br>Removed from hospital | e relocated to a new, Existing or retrofitte | d building? |               |
| Building<br>Number:<br>Will general acu<br>CentralPlant              | BLD-02318 Building Name<br>te care services and beds will be<br>Removed from hospital | e relocated to a new, Existing or retrofitte | d building? |               |
| Building<br>Number:<br>Will general acu<br>Rehabilitation<br>Therapy | BLD-02319 Building Name<br>te care services and beds will be<br>Removed from hospital | e relocated to a new, Existing or retrofitte | d building? |               |

| Report Year:         2013         10969         Dominican Hospital Santa Cruz/Frederick         Santa Cruz  | Page:58 of 80 |
|---|---------------|
| Building Number:       BLD-05403       Building Name:       Laboratory Expansion         Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?         ClinicalLab       Removed from hospital services |               |
|   |               |

| Report Year: | 20 |
|--------------|----|
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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-02312 Buildin             | g Name: Original Hospital |                               |   |                           |
|------------------|-------------------------------|---------------------------|-------------------------------|---|---------------------------|
| Type of Servic   | e Provided                    | Surgical                  | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |
| X                | Nursing                       | Anesthesia                | _                             |   |                           |
|                  | IntensiveCare                 |                           | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                  | Pediatric/Adol<br>escent      | Clinical Lab              | Newborn/                      |   | Outpatient<br>Surgery     |
|                  | Psychiatric                   | Radiological/<br>Imaging  | WellBaby                      |   |                           |
|                  | Nursing                       | Pharmaceutical            | Emergency                     |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum | X Dietetic                | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate<br>Care          | X Administration          |                               |   |                           |
| X                | Skilled Nursing               |                           |                               |   |                           |

Report Status: Data Last Update: 12/09/2013 Submiss

| Report Year: | 20 |
|--------------|----|
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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-03807 Buildin             | g Name: Exterior Canopy |                               |                           |
|------------------|-------------------------------|-------------------------|-------------------------------|---------------------------|
| Type of Servic   | e Provided                    | Surgical                | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                  | Nursing                       | Anesthesia              |                               | Renal Dialysis            |
|                  | IntensiveCare                 | Clinical Lab            | Recovery                      |                           |
|                  | Pediatric/Adol<br>escent      | Radiological/           | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing        | Imaging Pharmaceutical  | Emergency                     | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum | Dietetic                | Nuclear<br>Medicine           | Support<br>Services       |
|                  | Intermediate<br>Care          | Administration          |                               |                           |
|                  | Skilled Nursing               |                         |                               |                           |

Report Status: Data Last Update: 12/09/2013 Submission Date: 12/10/2013

| Report Year: | 2013 10969 | Dominican Hospital Santa Cruz/Frederick | Santa Cruz | Page:61 of 80 |
|--------------|------------|---|------------|---------------|
|--------------|------------|---|------------|---------------|

| Building Numbe | er: BLD-02312                 | Building Na | me: Original Hospital    |                               |   |                           |
|----------------|-------------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC               | Service by  | 1/1/2015                 |                               |   |                           |
| Type of Serv   | vice Provided                 |             |                          |                               |   |                           |
| X              | Nursing                       |             | Surgical                 | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |             | Clinical Lab             | <br>Recovery                  |   |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | Emergency                     |   | Central Plant             |
|                | Intermediate<br>Care          | X           | Dietetic                 |                               |   | Current                   |
| X              | Skilled Nursing               | X           | Administration           | Nuclear Medicine              | X | Support<br>Services       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 | 10969 | Dominican Hospital Santa Cruz/Frederick | ] [ | Santa Cruz | Page:62 of 80 |
|--------------|------|-------|---|-----|------------|---------------|
|--------------|------|-------|---|-----|------------|---------------|

| Building Numbe | r: BLD-02315                  | Building Na  | me: Emergency Room               | Expansi | on                            |   |                           |
|----------------|-------------------------------|--------------|----------------------------------|---------|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC               | C service by | 1/1/2015                         |         |                               |   |                           |
| Type of Serv   | vice Provided                 |              |                                  |         |                               |   |                           |
|                | Nursing                       |              | Surgical                         |         | Obstetrical<br>Cesarean/Deliv | Х | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |              | Anesthesia                       |         | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |              | Clinical Lab                     |         | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing        |              | Radiological/<br>Imaging         |         | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |              | Pharmaceutical                   |         |                               |   |                           |
|                | Anten ostprum                 |              | <b>B</b> : <i>i</i> , <i>i</i> , |         | Emergency                     |   | Central Plant             |
|                | Intermediate<br>Care          |              | Dietetic                         |         |                               |   | 0                         |
|                | Skilled Nursing               |              | Administration                   |         | Nuclear Medicine              |   | Support<br>Services       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 | 10969 |  | Dominican Hospital Santa Cruz/Frederick |  | Santa Cruz | Page:63 of 80 |
|--------------|------|-------|--|---|--|------------|---------------|
|--------------|------|-------|--|---|--|------------|---------------|

| Building Number: | BLD-02317              | Building Na | me: Emergency Gene       | rator Buil | ding                          |   |                           |
|------------------|------------------------|-------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration:   | Remove from GAC        | service by  | 1/1/2015                 |            |                               |   |                           |
| Type of Servic   | e Provided             |             |                          |            |                               |   |                           |
| N                | lursing                |             | Surgical                 |            | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| ln Ir            | ntensiveCare           |             | Anesthesia               |            | Obstetrical                   |   | Renal Dialysis            |
|                  | ediatric/Adol<br>scent |             | Clinical Lab             |            | Recovery                      |   |                           |
|                  | sychiatric<br>lursing  |             | Radiological/<br>Imaging |            | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | Obstetrical            |             | Pharmaceutical           |            |                               |   |                           |
|                  | nte/Postprtum          |             |                          |            | Emergency                     | Х | Central Plant             |
|                  | ntermediate            |             | Dietetic                 |            |                               |   |                           |
| C                | are                    |             |                          |            | Nuclear Medicine              |   | Support<br>Services       |
| s                | killed Nursing         |             | Administration           |            |                               |   |                           |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 10969 | Dominican Hospital Santa Cruz/Frederick | Santa Cruz | Page:64 of 80 |
|--------------|------------|---|------------|---------------|
|--------------|------------|---|------------|---------------|

| Building Numbe | er: BLD-02318            | Building Na | me: Electrical Buildin   | g |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration  | Remove from GAC          | service by  | 1/1/2015                 |   |                               |   |                           |
| Type of Serv   | vice Provided            |             |                          |   |                               |   |                           |
|                | Nursing                  |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |   | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           | _ |                               | _ |                           |
|                | Ante/Postprtum           | _           |                          |   | Emergency                     | X | Central Plant             |
|                | Intermediate             |             | Dietetic                 | _ |                               |   |                           |
|                | Care                     |             |                          |   | Nuclear Medicine              |   | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |   |                               |   |                           |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 | 10969 | Dominican Hospital Santa Cruz/Frederick |  | Santa Cruz | Page:65 of 80 |
|--------------|------|-------|---|--|------------|---------------|
|--------------|------|-------|---|--|------------|---------------|

| Building Number: BLD-02319 Building Name: Acute Rehabilitation Gym |                               |                       |                          |  |                               |   |                           |  |  |
|--|-------------------------------|-----------------------|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration:   | Remove from GAC               | C service by 1/1/2015 |                          |  |                               |   |                           |  |  |
| Type of Serv   | ice Provided                  |                       |                          |  |                               |   |                           |  |  |
|  | Nursing                       |                       | Surgical                 |  | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |  |  |
|  | IntensiveCare                 |                       | Anesthesia               |  | Obstetrical                   |   | Renal Dialysis            |  |  |
|  | Pediatric/Adol<br>escent      |                       | Clinical Lab             |  | Recovery                      |   |                           |  |  |
|  | Psychiatric<br>Nursing        |                       | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|  | Obstetrical<br>Ante/Postprtum |                       | Pharmaceutical           |  |                               |   |                           |  |  |
|  | Ante/Postpitum                |                       |                          |  | Emergency                     |   | Central Plant             |  |  |
|  | Intermediate<br>Care          |                       | Dietetic                 |  |                               |   | •                         |  |  |
| _  | Skilled Nursing               |                       | Administration           |  | Nuclear Medicine              |   | Support<br>Services       |  |  |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 10969 | Dominican Hospital Santa Cruz/Frederick | Santa Cruz | Page:66 of 80 |
|--------------|------------|---|------------|---------------|
|--------------|------------|---|------------|---------------|

| Building Numbe | er: BLD-03807                 | Building Na | me: Exterior Canopy      |                               |                           |
|----------------|-------------------------------|-------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | : Remove from GAC             | Service by  | 1/1/2015                 |                               |                           |
| Type of Serv   | vice Provided                 |             |                          |                               |                           |
|                | Nursing                       |             | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |             | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | <b>F</b>                      | Control Diout             |
|                | Intermediate                  |             | Dietetic                 | Emergency                     | Central Plant             |
|                | Care<br>Skilled Nursing       |             | Administration           | Nuclear Medicine              | Support<br>Services       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 | 10969 | Dominican Hospital Santa Cruz/Frederick | ] [ | Santa Cruz | Page:67 of 80 |
|--------------|------|-------|---|-----|------------|---------------|
|--------------|------|-------|---|-----|------------|---------------|

| Building Number: BLD-05402 Building Name: Connecting Structure |                          |                       |                          |   |                               |  |                           |  |  |
|--|--------------------------|-----------------------|--------------------------|---|-------------------------------|--|---------------------------|--|--|
| Configuration:   | Remove from GAC          | C service by 1/1/2015 |                          |   |                               |  |                           |  |  |
| Type of Servio   | ce Provided              |                       |                          |   |                               |  |                           |  |  |
| 1  | Nursing                  |                       | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
|  | ntensiveCare             |                       | Anesthesia               |   | Obstetrical                   |  | Renal Dialysis            |  |  |
|  | Pediatric/Adol<br>escent |                       | Clinical Lab             |   | Recovery                      |  |                           |  |  |
|  | Psychiatric<br>Nursing   |                       | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |
|  | Obstetrical              |                       | Pharmaceutical           | _ |                               |  |                           |  |  |
| <i>,</i>   | Ante/Postprtum           | _                     |                          |   | Emergency                     |  | Central Plant             |  |  |
|  | ntermediate<br>Care      |                       | Dietetic                 |   |                               |  | Quina ant                 |  |  |
| _  | Skilled Nursing          |                       | Administration           |   | Nuclear Medicine              |  | Support<br>Services       |  |  |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2013 109 | 969 | Dominican Hospital Santa Cruz/Frederick | Ιſ | Santa Cruz | Page:68 of 80 |
|--------------|----------|-----|---|----|------------|---------------|
|--------------|----------|-----|---|----|------------|---------------|

| Building Number: BLD-05403 Building Name: Laboratory Expansion |                               |            |                          |  |                               |  |                           |
|--|-------------------------------|------------|--------------------------|--|-------------------------------|--|---------------------------|
| Configuration:   | Remove from GAC               | service by | 1/1/2015                 |  |                               |  |                           |
| Type of Servic   | ce Provided                   |            |                          |  |                               |  |                           |
|  | lursing                       |            | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |
| lr Ir  | ntensiveCare                  |            | Anesthesia               |  | Obstetrical                   |  | Renal Dialysis            |
|  | Pediatric/Adol<br>escent      | X          | Clinical Lab             |  | Recovery                      |  |                           |
|  | Psychiatric<br>Nursing        |            | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |
|  | Dbstetrical<br>Ante/Postprtum |            | Pharmaceutical           |  | Emergency                     |  | Central Plant             |
|  | ntermediate                   |            | Dietetic                 |  | Linergeney                    |  | Contraint land            |
| —  | Care<br>Skilled Nursing       |            | Administration           |  | Nuclear Medicine              |  | Support<br>Services       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2 |
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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: BLI                | 0-02315           | Building I | Name: En | nergency Room Expa       | Insion                        |                             |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|-----------------------------|
| Тур    | e of Service Prov             | ided              |            |          |                          |                               |                             |
|        | Nursing                       | Inpatient<br>Beds | 0          |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |          | Anesthesia               |                               |                             |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis              |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |          | Pharmaceutical           | Emergency                     | Central Plant               |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services         |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                               |                             |
|        | Total Beds this<br>Building   |                   | 0          |          |                          |                               |                             |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2 |
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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: BL                 | _ <b>D-02317</b>  | Building | Name: Er | nergency Generator       | r Building                    |                           |
|--------|-------------------------------|-------------------|----------|----------|--------------------------|-------------------------------|---------------------------|
| Туре   | e of Service Pro              | vided             |          |          |                          |                               |                           |
|        | Nursing                       | Inpatient<br>Beds | 0        |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0        |          | Anesthesia               |                               |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0        |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0        |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0        |          | Pharmaceutical           | Emergency                     | X Central Plant           |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0        |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |
|        | Skilled Nursing               | Inpatient<br>Beds | 0        |          | Administration           |                               |                           |
|        | Total Beds this<br>Building   |                   | 0        |          |                          |                               |                           |

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/10/2013

Print Date: 12/11/2013 1:50 PM

| Report Year: | 2 |
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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-02318 Building Name: Electrical Building |                               |                   |   |  |                          |                               |                           |  |  |  |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре  | Type of Service Provided      |                   |   |  |                          |                               |                           |  |  |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |  |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | X Central Plant           |  |  |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |  |  |
|   | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |  |  |

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/10/2013

Print Date: 12/11/2013 1:50 PM

| Report Year: | 2 |
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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-02319 Building Name: Acute Rehabilitation Gym |                   |   |  |                          |                               |                             |  |  |  |
|--------|--|-------------------|---|--|--------------------------|-------------------------------|-----------------------------|--|--|--|
| Туре   | Type of Service Provided   |                   |   |  |                          |                               |                             |  |  |  |
|        | Nursing  | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                             |  |  |  |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis              |  |  |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |  |  |  |
|        | Obstetrical<br>Ante/Postprtum                                      | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant               |  |  |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services         |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0 |  | Administration           |                               |                             |  |  |  |
|        | Total Beds this<br>Building  |                   | 0 |  |                          |                               |                             |  |  |  |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2 |
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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: BLI                | D-05402           | Building Nan | ne: Co | nnecting Structure       |                               |                           |  |  |
|--------|-------------------------------|-------------------|--------------|--------|--------------------------|-------------------------------|---------------------------|--|--|
| Туре   | Type of Service Provided      |                   |              |        |                          |                               |                           |  |  |
|        | Nursing                       | Inpatient<br>Beds | 0            |        | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0            |        | Anesthesia               |                               |                           |  |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0            |        | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0            |        | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0            |        | Pharmaceutical           | Emergency                     | Central Plant             |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0            |        | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0            |        | Administration           |                               |                           |  |  |
|        | Total Beds this<br>Building   |                   | 0            |        |                          |                               |                           |  |  |

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/10/2013

Print Date: 12/11/2013 1:50 PM

| Report Year: | 2 |
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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)

| Type of Service Prov          | vided             |   | _ |                          |                               |                       |
|-------------------------------|-------------------|---|---|--------------------------|-------------------------------|-----------------------|
| Nursing                       | Inpatient<br>Beds | 0 |   | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilita<br>Therapy |
| IntensiveCare                 | Inpatient<br>Beds | 0 |   | Anesthesia               |                               |                       |
| Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 | X | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dia             |
| Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |   | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery |
| Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |   | Pharmaceutical           | Emergency                     | Central PI            |
| Intermediate                  | Inpatient<br>Beds | 0 |   | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services   |
| Skilled Nursing               | Inpatient<br>Beds | 0 |   | Administration           |                               |                       |
| Total Beds this<br>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-02315 Build     | ing Name: Eme                 | rgency Room Expansion |                                 |                                 |  |
|-------------------------|---------------------|-------------------------------|-----------------------|---------------------------------|---------------------------------|--|
| Medical / Surgical (Inc | lude GYN)           | Acute Respiratory             | Care                  | Acute Psychiatric               |                                 |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Perinatal (Exclude Ne   | wborn / GYN)        | Burn                          |                       | Skilled Nursing                 |                                 |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Pediatric               |                     | Intensive Care New<br>Nursery | wborn                 | Intermediate Care               |                                 |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Intensive Care          |                     | Rehabilitation<br>Center      |                       | Int. Care / Develop<br>Disabled | mentally                        |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Coronary Care           |                     | Chemical Depende              | ency                  | Total Beds this<br>Building Per | Total Beds this<br>Building Per |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days   | Unit 0                          | Service 0                       |  |

| Report Year: | 20 |
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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-02317         | Building Na    | me: Eme             | ergency Generator Build | ling                            |                                 |  |
|-----------------------|-------------------|----------------|---------------------|-------------------------|---------------------------------|---------------------------------|--|
| Medical / Surgical (I | nclude GYN)       | Acut           | e Respiratory       | v Care                  | Acute Psychiatric               | Acute Psychiatric               |  |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpat<br>Bed | ient 0              | Inpatient 0<br>Days     | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Perinatal (Exclude N  | Newborn / GYN)    | Burn           |                     |                         | Skilled Nursing                 |                                 |  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpat<br>Bed | ient 0              | Inpatient 0<br>Days     | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Pediatric             |                   | Inten<br>Nurs  | sive Care Ne<br>ery | wborn                   | Intermediate Care               |                                 |  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpat<br>Bed | ient 0              | Inpatient 0<br>Days     | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Intensive Care        |                   | Reha<br>Cent   | bilitation<br>er    |                         | Int. Care / Develop<br>Disabled | nentally                        |  |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpat<br>Bed | ient 0              | Inpatient 0<br>Days     | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |  |
| Coronary Care         |                   | Cher           | nical Depend        | ency                    | Total Beds this<br>Building Per | Total Beds this<br>Building Per |  |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpat<br>Bed | ient 0              | Inpatient 0<br>Days     | Unit 0                          | Service 0                       |  |

| Report Year: | 2 |
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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-02318      | Buildin | g Name: Ele                  | ctrical Building    |                                  |                                 |
|----------------------|----------------|---------|------------------------------|---------------------|----------------------------------|---------------------------------|
| Medical / Surgical ( | Include GYN)   |         | Acute Respirator             | y Care              | Acute Psychiatric                |                                 |
| Inpatient 0<br>Bed   | Inpatient Days |         | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |
| Perinatal (Exclude   | Newborn / GYN) | I       | Burn                         |                     | Skilled Nursing                  |                                 |
| Inpatient 0<br>Bed   | Inpatient Days |         | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |
| Pediatric            |                | -       | Intensive Care No<br>Nursery | ewborn              | Intermediate Care                |                                 |
| Inpatient 0<br>Bed   | Inpatient Days |         | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |
| Intensive Care       |                |         | Rehabilitation<br>Center     |                     | Int. Care / Developr<br>Disabled | nentally                        |
| Inpatient 0<br>Bed   | Inpatient Days |         | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |
| Coronary Care        |                |         | Chemical Depend              | dency               | Total Beds this<br>Building Per  | Total Beds this<br>Building Per |
| Inpatient 0<br>Bed   | Inpatient Days |         | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Unit 0                           | Service 0                       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2 |
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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-02319 B         | uilding Name: Acute Rehabilitation | Gym  |
|----------------------------------|---------------------|------------------------------------|--|
| Medical / Surgical (Include GYN) |                     | Acute Respiratory Care             | Acute Psychiatric  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0 Inpatient Bed Days     | 0 Inpatient 0 Inpatient 0 Bed                                |
| Perinatal (Exclude N             | lewborn / GYN)      | Burn                               | Skilled Nursing  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0 Inpatient Bed Days     | 0 Inpatient 0 Inpatient 0<br>Bed Days                        |
| Pediatric                        |                     | Intensive Care Newborn<br>Nursery  | Intermediate Care  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0 Inpatient Bed Days     | 0 Inpatient 0 Inpatient 0<br>Bed Days                        |
| Intensive Care                   |                     | Rehabilitation<br>Center           | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0 Inpatient Days         | 0 Inpatient 0 Inpatient 0<br>Bed Days                        |
| Coronary Care                    |                     | Chemical Dependency                | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days | Inpatient 0 Inpatient Days         | 0 Unit Service 0 0   |

| Report Year: | 2 |
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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-05402      | Building | Name: Coni                   | necting Structure   |                                 |                                 |
|-----------------------------------|----------------|----------|------------------------------|---------------------|---------------------------------|---------------------------------|
| Medical / Surgical (Include GYN)  |                | А        | Acute Respiratory Care       |                     | Acute Psychiatric               |                                 |
| Inpatient 0<br>Bed                | Inpatient Days |          | patient 0<br>ed              | Inpatient 0<br>Days | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Perinatal (Exclude Newborn / GYN) |                |          | Burn                         |                     | Skilled Nursing                 |                                 |
| Inpatient 0<br>Bed                | Inpatient Days |          | npatient 0<br>led            | Inpatient 0<br>Days | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Pediatric                         |                |          | ntensive Care Nev<br>lursery | wborn               | Intermediate Care               |                                 |
| Inpatient 0<br>Bed                | Inpatient Days |          | patient 0<br>ed              | Inpatient 0<br>Days | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Intensive Care                    |                |          | ehabilitation<br>Center      |                     | Int. Care / Develop<br>Disabled | mentally                        |
| Inpatient 0<br>Bed                | Inpatient Days |          | npatient 0<br>ed             | Inpatient 0<br>Days | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Coronary Care 0                   |                | С        | Chemical Dependency          |                     | Total Beds this<br>Building Per | Total Beds this<br>Building Per |
| Inpatient 0<br>Bed                | Inpatient Days |          | npatient 0<br>ed             | Inpatient 0<br>Days | Unit 0                          | Service 0                       |

Report Status: Data Last Update: 12/09/2013

| Report Year: | 2 |
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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-05403      | Building | g Name: Labo                 | pratory Expansion   |                                  |                                 |
|----------------------------------|----------------|----------|------------------------------|---------------------|----------------------------------|---------------------------------|
| Medical / Surgical (Include GYN) |                | ļ        | Acute Respiratory Care       |                     | Acute Psychiatric                |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0<br>Bed            | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Perinatal (Exclude               | Newborn / GYN) | E        | Burn                         |                     | Skilled Nursing                  |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0<br>Bed            | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Pediatric                        |                |          | ntensive Care Nev<br>Nursery | wborn               | Intermediate Care                |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0<br>Bed            | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Intensive Care                   |                | -        | Rehabilitation<br>Center     |                     | Int. Care / Developm<br>Disabled | nentally                        |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0<br>Bed            | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Coronary Care                    |                | C        | Chemical Depende             | ency                | Total Beds this<br>Building Per  | Total Beds this<br>Building Per |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0<br>Bed            | Inpatient 0<br>Days | Unit                             | Service 0                       |