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

Facility Number:	11658	
Facility Name:	Garfield Medical Center	
Address:	525 N. Garfield Ave.	
City:	Monterey Park	
Hospital Owner/Lic	ensee: AHMC Healthcare, Inc	
Year of Re	orting: 2013	
Contact 1 e-mail A	dress:	
Contact 2 e-mail A	dress:	
Contact 3 e-mail Ac	lress::	
Name of Sul	mitter: David Batista	
Submissio	Date: 10/22/2013 4:56:03 PM	

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01934	Main Hospital	525 N. Garfield Ave.	Retrofit	SPC2	01/01/2020	12/31/2019

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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-01934 Ma	ain Hospital	Retrofit/Replace	ement Yes-	Submitte	d
Facility Project Sub Scope Number Num	e Date Pla in	n Approved Proj. Star Date Date	t Proj. Completed Date	Status	CEQA Review
	: VSI - MAIN BUILDING, 6/30/2010 ENTAL ALTERATIONS 12:00:00 AN	)	2010	ACTI	No

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

Building Number: BL	_D-01934	Building Name:	Main Hospital	
Type of Service Prov	<u>/ided</u>	_		_
X Nursing	Inpatient 134 Beds	Inpatient 49044 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient 22	2 Inpatient Days 8052	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient (	Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient 0	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
	Total Build	Beds this 156	Cesarean/Deliv	X Central Plant

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

Building Number:	BLD-01934	Building Name: Main	n Hospital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 106 Bed	Inpatient 3879 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 14 Bed	Inpatient 5124 Days	Inpatient 28 Bed	Inpatient 1024 Days 8	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 2928 Days	Inpatient 0 Bed	Inpatient 0 Days	156	156

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01934	Main Hospital	Retrofit
BLD-01935	Nursery/Post Partum	Remain
BLD-01936	Emergency Wing	Remain
BLD-01937	O.B. Pavilion	Remain
BLD-01938	O.B. Addition	Remain
BLD-01939	Cath Lab	Remain

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

or c-1 per section	1 130001(0)(4)				
Building Number:	BLD-01934 Buildin	g Name: Main Hospital			
Type of Servic	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X Anesthesia			
X	IntensiveCare	Anestnesia	Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X Clinical Lab	_	X	Outpatient
	escent	X Radiologica Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X Pharmaceu	tical Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care	X Administrati	ion		
	Skilled Nursing				

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

Building Number:	BLD-01934	Building Na	me: Main Hospital				
Configuration:	N/A						
Type of Service	Provided						
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X Inf	tensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
1 1	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical	X	Pharmaceutical				
	nte/Postprtum				Emergency	X	Central Plant
L 1	termediate are	X	Dietetic	X	Nuclear Medicine	X	Support
	killed Nursing	X	Administration		Nucleal Medicine		Services

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

Building Number:	BLD-01935	Building Na	me: Nursery/Post P	artum			
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X I	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	abla	Central Plant
	·		Dietetic		Emergency	X	Central Plant
	ntermediate Care		- 1		Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Services

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

Building Number	BLD-01936	Building Na	me: Emergency W	/ing			
Configuration:	N/A						
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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

Building Number:	BLD-01937	Building Na	me: O.B. Pavilion			
Configuration:	N/A					
Type of Service	ce Provided					
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X II	ntensiveCare		Anesthesia	X	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate	X	Dietetic		,	
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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

Building Number:	BLD-01938	Building Nar	me: O.B. Addition			
Configuration:	N/A					
Type of Servic	e Provided					
N	ursing		Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	X	Obstetrical	Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate	X	Dietetic		,	
	are killed Nursing		Administration		Nuclear Medicine	Support Services

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

Building Numbe	er: BLD-01939	Building Na	me: Cath Lab			
Configuration	: N/A					
Type of Serv	vice Provided					
X	Nursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

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Building Number:	BLD-01935	Building I	Name: Nursery/Post Partum		
Type of Service Pr	<u>rovided</u>				
Nursing	Inpatient Beds	0	X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	20	X Anesthesia		
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical  X Ante/Postprtu	Inpatient m Beds	34	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	g Inpatient Beds	0	Administration		
Total Beds thi Building	s	54			

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Building Number:	BLD-01936	Building N	Name: Emergency Wing		
Type of Service	<u>Provided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCa	are Inpatient Beds	0	Anesthesia		
Pediatric/Adescent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postp	Inpatient rtum Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediat Care	e Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nurs	sing Inpatient Beds	0	Administration		
Total Beds Building	this	0			

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Building Number: BL	D-01937	Building N	Name: O.B. Pavilion		
Type of Service Prov	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	20	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		20			

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Buildi	Building Number: BLD-01938 Building Name: O.B. Addition							
Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Buildi	Building Number: BLD-01939 Building Name: Cath Lab							
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

Report Status: **Data Last Update:** 10/22/2013 **Submission Date:** 10/22/2013 **Print Date:** 10/24/2013 1:50 PM

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Building Number:	BLD-01935 <b>Bui</b>	Iding Name: Nur	sery/Post Partum			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	tory Care Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 34 Bed	Inpatient 12444 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		Intensive Care Ne Nursery	ewborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 7320 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developn Disabled	nentally	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
<b>Coronary Care</b>		Chemical Depend	lency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 54	Service 54	

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Building Number:	BLD-01936 <b>B</b>	uilding Name: Emergency W	ing	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	ratory Care Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		npatient 0
Perinatal (Exclude N	lewborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		npatient 0
Pediatric		Intensive Care Newborn Nursery	wborn Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		npatient 0
Intensive Care		Rehabilitation Center	Int. Care / Developme Disabled	entally
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		npatient 0
Coronary Care		Chemical Dependency	Dependency Total Beds this Total Building Per Build	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days	Unit	Service 0

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Building Number:	BLD-01937	Building Name: O.I	3. Pavilion	
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care N Nursery	ewborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient 20	Inpatient 7320 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depen	dency	Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Unit Service

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Building Number:	BLD-01938 <b>Buil</b>	ding Name: O.B	. Addition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	y Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Ne Nursery	Intensive Care Newborn Intermediate Care Nursery	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Disabled Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depend	al Dependency Total Beds this Total Building Per Build	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-01939	Building	y Name: Cath	Lab		
Medical / Surgical (I	nclude GYN)	A	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	В	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	ı	npatient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0
Pediatric			ntensive Care New Nursery	<b>/born</b>	Intermediate Care	
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / Develop Disabled	nentally
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		C	Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0 Days	Unit 0	Service 0