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

Facility Number:	12012
Facility Name:	St. Mary Medical Center
Address:	1050 Linden Ave.
City:	Long Beach
Hospital Owner/Lice	ensee: St. Mary's Medical Center
Year of Rep	orting: 2013
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Robert Omens
Submission	Date: 12/10/2013 11:35:20 AM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-	West Wing	1050 Linden Ave.	Remove	N/A	01/01/2020	07/01/2019
01207 BLD- 01209	South Wing	1050 Linden Ave.	Replace	SPC2	01/01/2020	07/01/2019

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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-0	1209 So	uth Wing		Retrofi Projec	it/Replacem t:	nent Yes	-Planned	
Facility Project S Number Number Nu	sub Scope um	e 	Date Plar in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12012 P-2012- 02400	0		11/9/2012 12:00:00 AN	12:00:0	13 06/01/20 00 AM)14	PEND	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-01207		Building Na	me:	Wes	t Wing	
Type of Service Prov	<u>rided</u>						_
Nursing	Inpatient Beds	0	Inpatient Days	0		Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0	Inpatient Days	0		Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0		Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0		Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	0		X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		Support Services Obstetrical	X Outpatient Surgery
		Total E Buildin	Beds this	0		Cesarean/Deliv	Central Plant

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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: BLD-01209	Building Name:	South Wing	
Type of Service Provided			
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia [Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
	Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number:	BLD-01207	Building Name: Wes	t Wing		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	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 / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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

Building Number:	BLD-01209 Bu	ilding Name: Sou	uth Wing		
Medical / Surgical (Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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 Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develope Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01205	Bauer Wing	Remain
BLD-01206	MRI Building	Remain
BLD-01207	West Wing	Remove
BLD-01208	East Wing	Remain
BLD-01209	South Wing	Replace
BLD-01210	Emergency / Generator Building	Remain

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Provide the number of inpatient beds and patient days per unit 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-01207 Building Name:	West Wing	Year of Information: 2010		
Unit Type	1	nformation Current As Of:		
Medical/Surgical (include GYN) Inpatient 0 Patient 0 Beds Days	Acute Respiratory Care Inpatient 0 Patient 0 Beds Days	Acute Psychiatric Inpatient 0 Patient 0 Beds Days		
Perinatal (exclude Neborn/GYN) Inpatient 0 Patient 0 Beds Days	Burn Inpatient 0 Patient 0 Beds Days	Skilled Nursing Inpatient 0 Patient 0 Beds Days		
Pediatric Inpatient 0 Patient 0 Beds Days	Intensive Care Newborn Nursery Inpatient 0 Patient 0 Beds Days	Intermediate Care Inpatient 0 Patient 0 Beds Days		
Intensive Care Inpatient 0 Patient 0 Beds Days	Rehabilitation Center Inpatient 0 Patient 0 Beds Days	Int. Care/Developmentally Disabled Inpatient 0 Patient 0 Beds Days		
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit Total Beds this Building per Service		

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Provide the number of inpatient beds and patient days per unit 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-01207 Building Name:	West Wing	Year of Information: 2011		
Unit Type	In	formation Current As Of:		
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Coronary Care	Chemical Dependency	Total Beds this		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Building per Unit		
20,0	20,0	Total Beds this Building per Service		

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Provide the number of inpatient beds and patient days per unit 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-01207 Building Name:	West Wing	Year of Information: 2012		
Unit Type	lı	nformation Current As Of:		
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit Total Beds this Building per Service		

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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-0	01207 Building Name:	West Wing		Year of Information:	2010			
Type of Services Of:								
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Treflat Dialysis			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration	ouioe	GGINIGGE			
Total Beds this B	uilding per service	0						

Report Year. 2	12012 St. W		Long Beach					
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-01207 Building Name: West Wing Year of Information: 2011								
Type of Services Provided Information Current As Of:								
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab Recovery	Renai Dialysis				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Newborn/ X Imaging WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical Emergency	Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration					
Total Beds this B	Building per service	0						

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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-01207 Building Name: West Wing Year of Information: 2012									
Information Current As Type of Services Provided Information Current As Of:									
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthes	a Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical La	L Bossyery L	Kenai Biaiyaia				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiologion Imaging	Cal/ Newborn/ WellBaby	X Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmace	eutical Emergency [Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear [Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administra						
Total Beds this E	Building per service	0							

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

Building Number: BLD-01209 Building Name: South Wing Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Administration N/A	
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Therapy Rehabilitation Therapy	

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)

12012 St. Mary Medical Center Long Beach Report Year: 2013 Page:18 of 35 BLD-01207 **Building Name:** West Wing Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration Removed from hospital services Facility Sub Date Plan Approved Proj. Start Proj. Completed Project Scope Status Number Number Num Date Date Date in 12012 P-2012-0 SPC-1 Decommissioning- West Wing, Bldg 03 2012-08-13 2012-09-24 07/08/2013 07/01/2019 PEND 01684 BLD-01207 **Building Name:** West Wing Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? N/A OutpatientSurgery

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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-01207 E	Building Name:	West Wing				
Type of Service	e Provided		_				
			Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol escent		Clinical Lab		X	Outpatient Surgery	
			Radiological/ Imaging	Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum			Nuclear		Support	
	7 mic/1 ostpitam		Dietetic	Medicine		Services	
	Intermediate Care]				
			Administration				
	Skilled Nursing	I					

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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-01209	Building Name:	South Wing			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical					
	Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services
	Intermediate					
	Care	D	Administration			
	Skilled Nursin	g				

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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-01205	Building Na	me: Bauer Wing						
Configuration:	Configuration: Remove from GAC service by 1/1/2030								
Type of Serv	vice Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration	X	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-01206 Building Name: MRI Building									
Configuration:	Configuration: Remove from GAC service by 1/1/2030								
Type of Servic	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant		
	•		Dietetic		Emergency		Central Plant		
	ntermediate care				Nuclear Medicine		Support Services		
S	killed Nursing		Administration				23333		

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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-01207	Building Na	me: West Wing						
Configuration:	Configuration: Remove from GAC service by 1/1/2020								
Type of Servi	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing	X	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-01208	Building Na	me: East Wing						
Configuration	Configuration: Remove from GAC service by 1/1/2030								
Type of Serv	vice Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	Х	Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate Care	Х	Dietetic		Nuclear Medicine		Support		
	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 Numb	er: BLD-01209	Building Na	me: South Wing				
Configuration	Remove from GAC	Service by	1/1/2020				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	Ш	Lineigency		Ocilliai Fiaili
Ш	Care	 X]	A desiniatratio =		Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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

Building Number	: BLD-01210	Building Na	me: Emergency / 0	Generator Bu	uilding		
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: BLC	D-01205	Building I	Name: Ba	uer Wing		
Тур	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	218		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	62		Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	28	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	25	X	Pharmaceutical	X Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		333				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: BL	D-01206	Building N	Name: MRI Building				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	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					

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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-01208	Building N	Name: Ea	st Wing				
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	46	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	10	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X 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	X	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		56						

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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	g Number: BLD	D-01210	Building Na	me: En	nergency / Generator I	Building			
Type o	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
_	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	ntermediate 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:** 12/09/2013 **Submission Date:** 12/10/2013 **Print Date:** 12/11/2013 1:50 PM

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Building Number:	BLD-01205 Build	ing Name: Baue	er Wing			
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 218 Bed	Inpatient 24964 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 25 Bed	Inpatient 8793 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care		
Inpatient 28 Bed	Inpatient 1317 Days	Inpatient 15 Bed	Inpatient 1556 Days		patient 0 ays	
Intensive Care		Rehabilitation Center		Int. Care / Development Disabled	ntally	
Inpatient 39 Bed	Inpatient 4327 Days	Inpatient 0 Bed	Inpatient 0		patient 0 ays	
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 8 Bed	Inpatient 888 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 333	Service 333	

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Building Number:	BLD-01206	Building Name:	MRI Building		
Medical / Surgical (Ir	nclude GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Developr Disabled	mentally
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0

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Building Number:	BLD-01208	Building Nam	e: East	Wing		
Medical / Surgical (I	nclude GYN)	Acute	Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		Intens Nurse	ive Care Nev 'y	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 10	Inpatient 1038 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehab Center	ilitation		Int. Care / Develop Disabled	mentally
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 46	Inpatient 6472 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemi	cal Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Unit 56	Service 56

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Building Number:	BLD-01210	Building	Name: Emer	rgency / Generator Buildi	ng	
Medical / Surgical (Include GYN)		Ad	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		patient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)			urn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 In	patient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			tensive Care New ursery	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days		patient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			ehabilitation enter		Int. Care / Develop Disabled	mentally
Inpatient 0 Bed	Inpatient Days	0 In	patient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 In	patient 0	Inpatient 0 Days	Unit 0	Service 0