Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	10009						
Facility Name:	Enloe Medical Center - Cohasset Campus						
Address:	560 Cohasset Road						
City:	Chico						
Hospital Owner/Licensee: Mike Wiltermood							
Year of Re	porting: 2014						
Contact 1 e-mail A	ddress:						
Contact 2 e-mail A	ddress:						
Contact 3 e-mail Ad	ddress::						
Name of Sub	bmitter: Stephen A Gonsalves						
Submission	n Date: 10/22/2014 8:39:48 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-	Original Hospital and	560 Cohasset Road	Rebuild	SPC5	01/01/2013	03/31/2016	

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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	0101	Original Hospital and Additions		Retrofit/Re Project:	placement	Yes-Sul	omitted]
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10013	HS041907-0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	8/16/2004 12:00:00 AM	8/31/2006 12:00:00 AM	09/19/2006	06/01/2012	CLOS	No
10013	HS042981-0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907-04	12/17/2004 12:00:00 AM	2/20/2007 12:00:00 AM	03/06/2007	03/31/2016	FIEL	No

Report Year: 2014	10009	Enloe Medical Center - Cohasset Camp	pus	Page:4 of 41				
Provide the number of	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-00101	Building Name:	riginal Hospital and Additions					
Type of Service Prov	<u>rided</u>							
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant				

Report Year: 2014 10009 Enloe Medical Center - Cohasset Campus Chico Page:5 of 41 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00101 **Building Number: Building Name:** Original Hospital and Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

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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-00101	Original Hospital and Additions	Rebuild
BLD-00102	Radiology Addition	Remain
BLD-00103	Behavioral Health & Administration	Remain
BLD-00104	Radiology Addition	Remain
BLD-00105	Central Stores	Remain
BLD-00106	Cardiac Cath Lab	Remain
BLD-00107	Administration	Remain
BLD-00108	Surgery Addition	Remain

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List ALL prop	posed new buildings to be constructed at this	or another site.	
Building Number	Building Name	New Site	
N_1	Magnolia Tower	X	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)										
Building N	Building Number: BLD-00101 Original Hospital and Additions Removal Date:									
Planned l	Jses for the buildin	g to be removed from a	acute care service:							
Planned	use for building:	Medical Office Building	Jurisdiction:	Local Authority						
Inpatient	services currently c	lelivered in the building	<u> </u>	Obstetrical	Rel	habilitation				
	Nursing	X Surgical		Cesarean/Deliv	, L The	erapy				
	IntensiveCare Pediatric/Adol escent	X Anesthe X Clinical		Obstetrical Recovery	Re	nal Dialysis				
	Psychiatric Nursing	X Radiolog Imaging		Newborn/ WellBaby		tpatient rgery				
	Obstetrical Ante/Postprtum	X Pharma	ceutical	Emergency	Ce	ntral Plant				
	Intermediate Care	X Dietetic	_							
	Skilled Nursing	Adminis	tration	Nuclear Medicine		pport rvices				

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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-00101

Building Name:

Original Hospital and Additions

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

Surgical Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101

Building Name:

Original Hospital and Additions

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

Anesthesia Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101

Building Name:

Original Hospital and Additions

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

ClinicalLab Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101 Building Name:

Original Hospital and Additions

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

Radiological/Imaging Reloc

Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101 E

Building Name:

Original Hospital and Additions

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

Pharmaceutical | Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101

Building Name:

Original Hospital and Additions

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

Dietetic Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

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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-00101

Building Name:

Original Hospital and Additions

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

CentralPlant Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	03/31/2016	FIEL

Report Year: Chico 2014 10009 Enloe Medical Center - Cohasset Campus Page:18 of 41 No data reported for Section 130061(c)(3).

ding Number:	BLD-00101 Buildir	ng Name: O	riginal Hospital and A	dditions			
Type of Service	Provided	X	Surgical		Obstetrical		Rehabilitation
	Nursing				Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric	X	Radiological/ Imaging		WellBaby		Cangery
	Nursing	X	Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care		Administration				
	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-00101 Building Name: Original Hospital and Additions													
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.													
Type of Service Provided													
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy										
IntensiveCare	X Anesthesia	Obstetrical	Renal Dialysis										
Pediatric/Adol escent	X Clinical Lab	Recovery											
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery										
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Central Plant										
Intermediate Care	X Dietetic	Nuclear Medicine	Support										
Skilled Nursing	Administration	Nuclear Medicine	Services										

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	her by retrofit or by re				ach building will comply wit be provided in each general	
Building Number:	BLD-00102	Building Nar	ne: Radiology Addition	1		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		nessvery	
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Ca	illed 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-00103	Building Nar	ne: Behavioral Health	& Admir	nistration							
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.							
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		receivery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ermediate		Dietetic									
Ca	illed Nursing		Administration	Ш	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-00104	Building Nar	me: Radiology Addition	1								
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.							
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ermediate		Dietetic									
Ca	ire illed 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-00105	Building Nar	ne: Central Stores									
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	NPC4 or NPC5 building.							
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab									
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ermediate		Dietetic									
Ca	ire illed 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-00106	Building Nar	ne: Cardiac Cath Lab									
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.							
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ermediate		Dietetic									
Car Ski	re illed 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	er: BLD-00107	Building Nar	me: Administration									
Configuration	: Rebuild (Per SB9	Definition fo	r Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.							
Type of Serv	vice Provided											
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	IntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		recovery							
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical		Pharmaceutical									
	Ante/Postprtum				Emergency		Central Plant					
	Intermediate Care		Dietetic		Nuclear Medicine	П	Support					
	Skilled Nursing	X	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-00108	Building Nar	me: Surgery Addition									
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.							
Type of Service	Provided											
Nu	ırsing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		reservery							
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ermediate		Dietetic									
Ca	ire illed Nursing		Administration		Nuclear Medicine		Support Services					
	'											

Report	Year: 2014	10009 E	Inloe Medical C	enter - Co	hasset Campus	Chico		Page:28 of 41			
Include and S	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-00102	Building Nar	me: Ra	diology Addition						
Туре	e of Service Prov	<u>rided</u>									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpo	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centi	al Plant			
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic	Nuclear Medicine	Supp Servi	ort ces			
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

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-00103 Building Name: Behavioral Health & Administration	Report Year: 2014	10009	Enloe Medical	Center - Cohasset Camp	Chico	Page:29 of 41		
Type of Service Provided Nursing Inpatient Beds								
Nursing Inpatient Beds	Building Number: BLD-00103 Building Name: Behavioral Health & Administration							
IntensiveCare Inpatient Beds Deds	Type of Service Provided							
Beds Pediatric/Adol Inpatient O Beds Clinical Lab Clinical Lab Recovery Recovery	Nursing		0	Surgical				
Pediatric/Adol Inpatient Beds	IntensiveCare		0	Anesthesia				
Psychiatric Inpatient Beds			0	Clinical Lab		Renal Dialysis		
Obstetrical Inpatient Beds Intermediate Inpatient Beds Dietetic Nuclear Medicine Support Services Administration Total Beds this 30			30		NCWDOIII			
Intermediate Inpatient O Beds Skilled Nursing Inpatient Beds Total Beds this 30			0	Pharmaceuti		Central Plant		
Inpatient Beds Total Beds this 30			0	Dietetic				
	Skilled Nursing		0	Administration	on			
			30					

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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-00104 Building Name: Radiology Addition							
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)							
Building Number: BLD-00105 Building Name: Central Stores							
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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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-00106 Building Name: Cardiac Cath Lab								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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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-00107 Building Name: Administration							
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	X 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)							
Building Number: BLD-00108 Building Name: Surgery Addition							
Type of Service Provided							
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	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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