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: Facility Name: Address: City:	10606 Mercy General Hospital 4001 J Street Sacramento						
Hospital Owner/Lic	censee: Mercy General Hospital						
Year of Re							
Contact 1 e-mail A	address:						
Contact 2 e-mail A	Address:						
Contact 3 e-mail Ac	ddress::						
Name of Sul	bmitter: Robert Omens						
Submission	on Date: 12/9/2014 8:26:14 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- 01423	South Wing / East Wing	4001 J Street	Rebuild	SPC5	01/01/2017	12/31/2015	

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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	Building No: BLD-01423 South Wing / East Wing				Retrofit/Rep Project:	olacement	Yes-Sub	Yes-Submitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10606	HS090031-0	0	SOUTH WING STAIR ADDITIONS/EAST WING DEMOLITION(PREV PPR - SEE MEMO)	12/31/2008 12:00:00 AM		02/28/2014	08/31/2015	ACTI	No
10606	IS071987-0	0	NEW HEART CENTER ADDITION TO EXISTING HOSPITAL	10/29/2007 12:00:00 AM		06/01/2011	01/31/2014	ACTI	No
10606	P-2012- 02588	0	Northeast Bldg. 2nd Floor CCC Conversion to 24 Beds Med/Surg Unit	12/3/2012 12:00:00 AM	5/7/2014 12:00:00 AM	06/02/2014	12/31/2015	PEND	No

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number:	BLD-01423	Building Name:	South Wing / East Wing				
Type of Service P	rovided						
X Nursing	Inpatient Beds	197 Inpatient 46442 Days	Surgical	X Obstetrical Recovery			
X IntensiveCare	Inpatient Beds	8 Inpatient Days 1260	Anesthesia	X Newborn/ WellBaby			
Pediatric/Adolescent	I Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	1		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
X Obstetrical Ante/Postprtu	Inpatient m Beds	17 Inpatient Days 540	X Pharmaceutical X Dietetic	Rehabilitati Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	<i>y</i> sis		
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
		Total Beds this Building	X Obstetrical Cesarean/Deliv	Central Pla	nt		

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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-01423	Building Name: Sout	h Wing / East Wing			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 197 Bed	Inpatient 4644 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 17 Bed	Inpatient 540 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev 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	nent	
Inpatient 8 Bed	Inpatient 1260 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	222	222	

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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-01423	South Wing / East Wing	Rebuild
BLD-01425	Northeast Wing, Part A	Remain
BLD-01426	Northeast Wing, Part B	Remain
BLD-01427	North Wing	Remain
BLD-03110	Northeast Wing, Part D	Remain
BLD-05211	2 Story Corridor Structure	Remain

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List ALL proposed	d new buildings to be constructed at this or another site.		
Building Number	Building Name	New Site	
N_2	New Heart Center		

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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 I	Number: BLD-01	423	South Win	ng / East Wing		Removal Date:	12/31/2015	
Planned I	Uses for the buildin	g to be remov	ed from acute care	e service:				
Planned	use for building:	Other		Jurisdiction:				
	Other Usage:	portion of bu	ilding will be upgra	aded to SPC-2 and	d remain in Acu	te Care service.		
Inpatient	services currently o	lelivered in the	e building:			-	_	
X	Nursing		Surgical	X	Obstetrical Cesarean/Deli	v L	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia			_	_	
	Pediatric/Adol escent		Clinical Lab	X	Obstetrical Recovery	Ĺ	Renal Dialysis	5
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		•	Г	Central Plant	
	Intermediate Care	X	Dietetic		Emergency	<u></u>	Central Flant	
	Skilled Nursing	X	Administration		Nuclear Medicine		Support Services	

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No data reporte	d for Sectio	n 130061(c)(2)(D).		

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No data reporte	No data reported for Section 130061(c)(2)(D.								

Report Year: 10606 Mercy General Hospital Page:11 of 34 2014 Sacramento 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) South Wing / East Wing BLD-01423 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing Relocated to new & other Building Facility Project Sub Proiect Plan Number Number Num Scope Complete Status Start Date Approved Date In Date 10606 IS071987-0 NEW HEART CENTER ADDITION TO EXISTING 2007-10-29 06/01/2011 01/31/2014 ACTI HOSPITAL 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) South Wing / East Wing BLD-01423 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Intensive Care Relocated to retrofitted building Facility Project Sub Project Plan Number Number Num Scope Complete Start Date Status Approved Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO)

Report Year: 10606 Mercy General Hospital Page:12 of 34 2014 Sacramento 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) BLD-01423 South Wing / East Wing Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Ante Relocated to retrofitted building Postprtum Facility Project Sub Project Plan Number Number Num Scope Complete Status Approved Start Date Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO) 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) BLD-01423 **Building Name:** South Wing / East Wing Building Number: Will general acute care services and beds will be relocated to a new. Existing or retrofitted building? Pharmaceutical Relocated to retrofitted building Facility Project Sub Proiect Plan Number Number Num Scope Complete Start Date Status Approved Date In d Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO)

Report Year: 10606 Mercy General Hospital Page:13 of 34 2014 Sacramento 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) BLD-01423 South Wing / East Wing Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Dietetic Relocated to retrofitted building Facility Project Sub Project Plan Number Number Num Scope Start Date Complete Status Approved Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 01/31/2014 2008-12-31 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO) 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) BLD-01423 South Wing / East Wing Building Name: Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration Relocated to retrofitted building Facility Project Sub **Project** Plan Number Number Num Scope Start Date Complete Status Approved Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO)

Report Year: 10606 Mercy General Hospital 2014 Sacramento Page:14 of 34 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) BLD-01423 South Wing / East Wing Building **Building Name:** Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Relocated to retrofitted building Cesarean/Deliv Facility Project Sub Project Plan Number Number Num Scope Complete Status Approved Start Date Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO) 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) BLD-01423 **Building Name:** South Wing / East Wing Building Number: Will general acute care services and beds will be relocated to a new. Existing or retrofitted building? Obstetrical Recovery Relocated to retrofitted building Facility Project Sub Proiect Plan Number Number Num Scope Complete Start Date Status Approved Date In d Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO)

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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-01423

Building Name:

South Wing / East Wing

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

Newborn/Well Baby

Relocated to retrofitted building

Facility Project Sub Project Plan Number Number Num Scope Start Date Complete Status Approved Date In Date HS090031 06/01/2011 10606 0 SOUTH WING STAIR ADDITIONS/EAST WING 2008-12-31 01/31/2014 ACTI -0 DEMOLITION(PREV PPR - SEE MEMO)

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-01423

Building Name:

South Wing / East Wing

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

Medical/Surgical (Include GYN)

Relocated to new & retrofitted Building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10606	HS090031 -0	0	SOUTH WING STAIR ADDITIONS/EAST WING DEMOLITION(PREV PPR - SEE MEMO)	2008-12-31		06/01/2011	01/31/2014	ACTI
10606	IS071987- 0	0	NEW HEART CENTER ADDITION TO EXISTING HOSPITAL	2007-10-29		06/01/2011	01/31/2014	ACTI

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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-01423 Building Name: South Wing / East Wing							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted Perinatal (exclude Newborn / GYN)) N/A	building?						
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding					
Building Number: BLD-01423 Building Name: South Wing / East Wing							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?						
Intensive Care N/A							

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No data reporte	ed for Section	n 130061(c)	(3).		
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Building Number: BLD-01423 Building Name: South Wing / East Wing												
Type of Service Provided												
			Surgical	Х	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	Nursing		Anesthesia									
X	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol		Clinical Lab				Outpatient					
	escent		Radiological/	Х	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing		Imaging		Emorgonov		Control Diont					
		X	Pharmaceutical		Emergency	Ш	Central Plant					
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine		Support Services					
	Intermediate Care	X	Administration									
	Skilled Nursing											

eport the fina equirements w er Section 130	vhether by retrofit or by	ildings on the replacement	hospital campus sho and the type of servi	wing how e ce that will b	ach building will comply be provided in each gen	with the SP eral actue c	C-5/NPC-4 or 5 are hospital building
uilding Numb	er: BLD-01423	Building Na	me: South Wing / E	ast Wing			
Configuration	Remove from GA	C service by	1/1/2030				
Type of Ser	vice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic	_	Emergency		Central Flant
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services

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Report the final requirements who per Section 130	hether by retrofit or by	ldings on the replacement	hospital campus show and the type of service	ing how e that will l	ach building will comply on provided in each gene	with the SPC eral actue ca	C-5/NPC-4 or 5 re hospital building
Building Numbe	er: BLD-01425	Building Na	me: Northeast Wing,	Part A			
Configuration:	Remove from GA	C service by	1/1/2030				
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care	X	Dietetic	П	Nuclear Medicine		Support
X	Skilled Nursing		Administration				Services

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Report the final correquirements whet per Section 13006	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply w be provided in each gener	rith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-01426	Building Na	me: Northeast Wing, P	art B			
Configuration:	Remove from GA	C service by	1/1/2030				
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine	П	Support
Sk	killed Nursing		Administration			_	Services

		· ·	al Hospital		Sacramento	10. d OF	Page:22 of 34
	her by retrofit or by r				ach building will comply be provided in each gen		
uilding Number:	BLD-01427	Building Na	me: North Wing				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	ensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent	X	Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum	Х	Pharmaceutical	X	Emergency	X	Central Plant
Int Ca	ermediate		Dietetic				
	tilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Report the fina requirements w per Section 13	vhether by retrofit or by	ldings on the h replacement a	nospital campus showin and the type of service t	ig how e that will t	ach building will comply voe provided in each gene	vith the SPC- ral actue care	5/NPC-4 or 5 hospital building
Building Numb	er: BLD-03110	Building Nam	ne: Northeast Wing, P	art D			
Configuration	n: Retrofit Conformi	ng building to I	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation herapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	R	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Resolvery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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	nether by retrofit or by				ach building will comply wi e provided in each genera		
Building Number	r: BLD-05211	Building Name	: 2 Story Corridor Str	ucture			
Configuration:	Retrofit Conformir	ng building to NF	PC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing	S	urgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
	IntensiveCare	AI AI	nesthesia		Obstetrical Recovery	Re	enal Dialysis
	Pediatric/Adol escent	c	linical Lab		Recovery		
	Psychiatric Nursing		adiological/ naging		Newborn/ WellBaby		utpatient irgery
	Obstetrical Ante/Postprtum	P	harmaceutical		Emergency	Ce	entral Plant
	Intermediate Care		ietetic		Nuclear Medicine	□s	upport
	Skilled Nursing	A	dministration				ervices

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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-01425 Building Name: Northeast Wing, Part A											
Туре	e of Service Prov	rided										
X	Nursing	Inpatient Beds	30		Surgical		Obstetrical Cesarean/Deliv	X	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	X	Dietetic		Nuclear Medicine		Support Services			
X	Skilled Nursing	Inpatient Beds	38		Administration							
	Total Beds this Building		68									

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	tion on the number of Section 130061(e)	inpatient beds by	type of S	Service provided by bui	ilding	gs that are classified as	SPC-2	2, SPC-3, SPC-4,
Building Numbe	BLD-01426	Building Nar	ne: No	rtheast Wing, Part B				
Type of Servi	ce Provided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Intensive	Care Inpatient Beds	0		Anesthesia				
Pediatric escent	/Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiate Nursing	ric Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetric Ante/Pos		0		Pharmaceutical		Emergency		Central Plant
Intermed Care	iate Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled N	ursing Inpatient Beds	0		Administration				
Total Bed Building	ds this	0						

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Include information or and SPC-5 per Section	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	Building Number: BLD-01427 Building Name: North Wing											
Type of Service Pro	ovided											
X Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy					
X IntensiveCare	Inpatient Beds	24	X	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis					
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Cent	ral Plant					
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Serv	oort ices					
Skilled Nursing	Inpatient Beds	0		Administration								
Total Beds this Building		52										

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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-03110	Building Nan	ne: No	rtheast Wing, Part D								
Type of Service	<u>Provided</u>											
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
IntensiveCa	re Inpatient Beds	0		Anesthesia								
Pediatric/Ac	dol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
Obstetrical Ante/Postpr	Inpatient tum Beds	0		Pharmaceutical		Emergency		Central Plant				
Intermediate Care	e Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services				
Skilled Nurs	sing Inpatient Beds	0		Administration								
Total Beds to Building	this	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-05211 Building Name: 2 Story Corridor Structure									
Type of Service Provided									
N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Jursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
s	Skilled Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		0						

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Report Year: 2014 10606 Mercy General Hospital Page:34 of 34 Sacramento 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) BLD-05211 2 Story Corridor Structure **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0