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.

Facility Number:	10843	
Facility Name:	Santa Barbara Cottage Hospital	
Address:	400 West Pueblo Street	
City:	Santa Barbara	
Contact 1 e-mail A	ddress:	
Contact 3 e-mail A		
	n Date: 10/23/2014 5:19:12 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- 00899	Central Wing (Building B)	400 West Pueblo Street	Rebuild	SPC5	01/01/2015	12/31/2016
BLD- 00900	Reeves Wing (Building C)	400 West Pueblo Street	Rebuild	SPC5	01/01/2015	12/31/2016

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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-00	0899	Central Wing (Building B)	Retrofit/Replacement Project:		No]	
	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10843	IS042307-2	0		11/5/2004 12:00:00 AM	10/17/2007 12:00:00 AM	11/09/2007	09/29/2011	FIEL	No
10843	P-2012- 00267	0		2/9/2012 12:00:00 AM	3/26/2012 12:00:00 AM	02/19/2013		PEND	No
10843	P-2012- 02429	0		11/13/2012 12:00:00 AM	7/12/2013 12:00:00 AM	08/22/2013	07/14/2014	PEND	No
10843	S132315-42 -00	0		10/16/2013 12:00:00 AM	2/5/2014 12:00:00 AM	02/05/2014		PEND	No
10843	SS100329-0	0		2/25/2010 12:00:00 AM	1/10/2011 12:00:00 AM	01/10/2011	11/01/2013	PEND	No
10843	SS102475-0	0		12/16/2010 12:00:00 AM	2/1/2012 12:00:00 AM	02/15/2013	09/01/2014	PEND	No
10843	SS102481-0	0		12/16/2010 12:00:00 AM	2/29/2012 12:00:00 AM	08/01/2014		CLOS	No
10843	SS111491-0	0		7/26/2011 12:00:00 AM	5/15/2012 12:00:00 AM	05/24/2012	01/31/2013	CLOS	No

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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-00900 Reeves Wing (Building C)			Retrofit/Replacement Project:		No			
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10843	IS042307-2	0		11/5/2004 12:00:00 AM	10/17/2007 12:00:00 AM	11/09/2007	09/29/2011	FIEL	No
10843	P-2012- 00198	0		1/31/2012 12:00:00 AM	3/23/2012 12:00:00 AM	04/30/2012	06/06/2014	PEND	No
10843	P-2012- 02429	0		11/13/2012 12:00:00 AM	7/12/2013 12:00:00 AM	08/22/2013	07/14/2014	PEND	No
10843	SS100329-0	0		2/25/2010 12:00:00 AM	1/10/2011 12:00:00 AM	01/10/2011	11/01/2013	PEND	No

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Provide the number of	inpatient bed	ds and patient days per type of service p	per building per Section 130061	(c)(1)(F)	
Building Number: BL	D-00899	Building Name:	entral Wing (Building B)		
Type of Service Prov	<u>rided</u>				
X Nursing	Inpatient Beds	63 Inpatient 9607 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X 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	X Rehabilitation Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deus	Total Beds this Building 63	Obstetrical Cesarean/Deliv	Central Plar	nt

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Provide the number of	f inpatient bed	ds and patient days per type of service p	er building per Section 130061	1(c)(1)(F)	
Building Number: BL Type of Service Prov		Building Name:	eeves Wing (Building C)		
Type of Service Prov	<u>riaea</u>		l —		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	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	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis Outpatient	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:7 of 52 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number: Building Name:** Central Wing (Building B) BLD-00899 Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 63 Inpatient 9607 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 Bed Days **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

Unit

Building Per

63

Service

63

OSHPD FDD SB499 Report Data Last Update: 10/23/2014 Submission Date: 10/23/2014 Printed: 10/25/2014 6:25 AM

Inpatient

Days

Dependency

Inpatient

Bed

Inpatient

Bed

Inpatient

Days

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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-00898	West Wing (Building A)	Rebuild		
BLD-00899	Central Wing (Building B)	Rebuild		
BLD-00900	Reeves Wing (Building C)	Rebuild		
BLD-00901	South Wing (Building D)	Remain		
BLD-00902	East Wing (Building E)	Remain		
BLD-00904	Surgery Wing (Building G)	Remain		
BLD-00906	Centennial Wing (Building I)	Remain		
BLD-00907	Cancer Center (Building K)	Remain		
BLD-05289	New Central Plant	Remain		

Report Year: 10843 Santa Barbara Cottage Hospital Santa Barbara 2014 Page:10 of 52 List ALL proposed new buildings to be constructed at this or another site. Building **Building Name** New Number Site N_1 Diagnostic and Treatment (D&T A1-A4; B1-B4) N_2 Patient Pavilion (E1-E3) N_3 Patient Pavilion (F1-F3) N_4 Patient Pavilion (D1-D3) N_5 Infill Building (C1-C3) N_6 Link Building (C4) N_7 Energy Center

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The proje replaced The plans replaced	cted date or date or rebuild building ned uses of the b or rebuild building	es the buildir gs as well. uilding or bu gs as well.	aced, rebuilt, removed ng will be removed fron uildings to be removed ed in the building or bu	n service per Section from acute care servi	130061 (c)(2)(A) and ce per Section 13006	d provide said date or	
Building N	Number: BLD-(00899	Central W	ing (Building B)	Remov Date:	al 12/31/2016	
Planned l	Jses for the build	ling to be re	moved from acute care	e service:			
	use for building:	Demolishe		Jurisdiction:			
Inpatient X — — — — — — — — — — —	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing		Surgical Anesthesia	Ce Ob Re Ne We	estetrical esarean/Deliv estetrical ecovery ewborn/ ellBaby nergency	X Rehabilitating Therapy Renal Dialy Outpatient Surgery Central Plant X Support Services	rsis

Report Y	ear: 2014	10843 Sa	anta Barbara Cottag	je Hospital	S	anta Barbara		Page:12 of 52
The project replaced The plans replaced	ected date or dates or rebuild building ned uses of the bu or rebuild building	the building v s as well. ilding or buildi s as well.	ed, rebuilt, removed vill be removed fron ngs to be removed ngt the building or bu	n service per Sect from acute care s	tion 130061 (c)(2 ervice per Section	2)(A) and provide on 130061(c)(2)(B		
Building I	Number: BLD-00	0900	Reeves W	/ing (Building C)		Removal Date:	12/31/2016]
Planned	Uses for the building	ng to be remov	ved from acute care	e service:				
Planned	use for building:	Demolished		Jurisdiction:				
<u>Inpatient</u>	services currently	delivered in th	ne building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		2 1			
	Pediatric/Adol escent	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		•		Control Plant	
	Intermediate Care		Dietetic	Ш	Emergency	Ш	Central Plant	
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:15 of 52 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-00899 Central Wing (Building B) **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing Relocated to other building **New Building RetroFitted Building** Other SPC2-SPC5 Building BLD-00901-South Wing (Building D) Facility Project Sub **Project** Plan Number Number Scope Num Start Date Complete Status Approved Date In Date SS111491-09/11/2014 10843 0 VOLUNTARY SEISMIC IMPROVEMENTS 2011-07-26 2012-05-15 09/11/2014 CLOS

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:16 of 52 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-00899 Central Wing (Building B) **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? ClinicalLab Relocated to other building **New Building RetroFitted Building** Other SPC2-SPC5 Building BLD-00902-East Wing (Building E) Facility Project Sub Project Plan Number Number Scope Num Complete Approved Start Date Status Date In d Date SS100329 01/10/2011 10843 0 REMODEL CLINICAL LABORATORY ON 3RD 2010-02-25 2011-01-10 11/21/2013 PEND -0 FLOOR, BUILDING E

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:17 of 52 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-00899 Central Wing (Building B) **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to other building **New Building RetroFitted Building** Other SPC2-SPC5 Building BLD-00902-East Wing (Building E) Facility Project Sub Project Plan Number Number Scope Num Complete Approved Start Date Status Date In d Date P-2012-08/22/2013 10843 0 RRU-SAC-New 1 East Office Spaces 2013-07-12 10/15/2014 2012-11-13 PEND 02429

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:18 of 52 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-00899 Central Wing (Building B) **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Relocated to other building Therapy **New Building** RetroFitted Building Other SPC2-SPC5 Building BLD-00902-East Wing (Building E) Facility Project Sub Project Plan Number Number Num Scope Complete Approved Start Date Status Date In d Date SS102475 0 REMODEL EXISTING 3400 SQ. FT. INTO 02/15/2013 10843 2010-12-16 2012-02-01 10/15/2014 PEND -0 PHYSICAL THERAPY

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:19 of 52 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) Central Wing (Building B) **Building Name:** BLD-00899 Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Medical/Surgical Relocated to other building (Include GYN) **New Building** RetroFitted Building Other SPC2-SPC5 Building BLD-00901-South Wing (Building D) Facility Project Sub Project Plan Number Number Num Scope Complete Approved Start Date Status Date In d Date

2011-07-26

2012-05-15

09/11/2014

09/11/2014

CLOS

SS111491-

0

10843

0 VOLUNTARY SEISMIC IMPROVEMENTS

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Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:21 of 52 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) Reeves Wing (Building C) **Building Name:** BLD-00900 Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Radiological/Imaging Relocated to other building **RetroFitted Building New Building** Other SPC2-SPC5 Building BLD-00906-Centennial Wing (Building I) Facility Project Sub Project Plan Number Number Scope Num Complete Approved Start Date Status Date In d Date P-2012-04/30/2012 10843 0 CATH LAB PROJECT 2012-01-31 2012-03-23 10/15/2014 PEND 00198

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:22 of 52 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-00900 Reeves Wing (Building C) **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration Relocated to other building **New Building RetroFitted Building** Other SPC2-SPC5 Building BLD-00902-East Wing (Building E) Facility Project Sub Project Plan Number Number Scope Num Complete Approved Start Date Status Date In d Date P-2012-08/22/2013 10843 0 RRU-SAC-New 1 East Office Spaces 2013-07-12 10/15/2014 2012-11-13 PEND 02429

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:23 of 52 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) Reeves Wing (Building C) **Building Name:** BLD-00900 Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to other building **New Building RetroFitted Building** Other SPC2-SPC5 Building BLD-00902-East Wing (Building E) Facility Project Sub Project Plan Number Number Scope Num Complete Approved Start Date Status Date In d Date P-2012-08/22/2013 10843 0 RRU-SAC-New 1 East Office Spaces 2013-07-12 10/15/2014 2012-11-13 PEND

02429

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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-00898

Building Name:

West Wing (Building A)

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

Intensive Care

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_4-Patient Pavilion (D1-D3)

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10843	I-2012- 00043	0	Increment 4 Phase 6 - New Patient Pavillion & Emergency Department Expansion	2012-11-02	2013-02-04	09/07/2014	06/25/2018	PEND

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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:

10843

BLD-00898

Building Name:

West Wing (Building A)

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

Support Services

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Diagnostic and Treatment (D&T A1-A4; B1 -B4)

Facility Project Sub

Number Number Scope Num

Date In

Plan Approved Date

Start Date

Project Complete Status

09/29/2011

d

IS042307-2

0 THREE NEW NURSING PAVILIONS, D&T BLDG., **ETC**

2004-11-05

2007-10-17

11/09/2007

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-00898

Building Name:

West Wing (Building A)

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

Intensive Care

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_4-Patient Pavilion (D1-D3)

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10843	I-2012- 00043	0	Increment 4 Phase 6 - New Patient Pavillion & Emergency Department Expansion	2012-11-02	2013-02-04	09/07/2014	06/25/2018	PEND

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lding Number:	BLD-00899 Buildi	ng Name: C	entral Wing (Building	В)			
Type of Service	e Provided		Surgical		Obstetrical	X	Rehabilitation
			Surgical		Cesarean/Deliv		Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent		Radiological/		Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing	_	Imaging				
	Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum				Nuclear	X	Support Services
			Dietetic		Medicine		Services
	Intermediate Care						
	-		Administration				
	Skilled Nursing						

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Report any general per Section 130061	acute care hospital inpa (c)(4)	tient service that is p	provided in any genaral	acu	ite care hospital b	uilding t	hat is rated	SPC-1
Building Number:	BLD-00900 Buildin	g Name: Reeves	Wing (Building C)					
Type of Service	Provided							
		Surgi	ical		bstetrical esarean/Deliv		Rehabilita Therapy	ation
	Nursing	Anes	ethesia				Renal Dia	alvoio
	IntensiveCare	X Clinic	cal Lab		bstetrical ecovery		Renai Dia	317515
	Pediatric/Adol escent	X Radi	ological/		ewborn/ /ellBaby		Outpatier Surgery	nt
	Psychiatric Nursing	Imag	rmaceutical	Er	mergency		Central P	lant
	Obstetrical Ante/Postprtum	Diete	etic		uclear edicine	X	Support Services	
	Intermediate Care	X Adm	inistration					
	Skilled Nursing							

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-00898	Building Name: West Wing (Buil	lding A)	
Configuration: Rebuild (Per SB9	0 Definition for Rebuild) with new S	PC5 and NPC4 or NPC5 building.	
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Anesthesia	Obstetrical Recovery	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		
Care Skilled Nursing	Administration	Nuclear Medicine	X Support Services
	•		

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	ether by retrofit or by				ach building will comply w be provided in each gener		
Building Number	:: BLD-00899	Building Na	me: Central Wing (Bui	ding B)			
Configuration:	Rebuild (Per SB9	Definition fo	or Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Servi	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	Х	Support
	Skilled Nursing		Administration				Services

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	ner by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-00900	Building Nar	ne: Reeves Wing (Buil	ding C)			
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		tehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent	X	Clinical Lab		Recovery		
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
	ostetrical		Pharmaceutical			_	
An	te/Postprtum				Emergency	c	entral Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing	X	Administration			`	Services

Type of Service Provided X	t the final configuration of all buildin ements whether by retrofit or by rep ection 130061(c)(5)			
Configuration: Remove from GAC service by 1/1/2030 Type of Service Provided X Nursing Surgical Obstetrical Cesarean/Deliv Therapy X IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Pharmaceutical Pharmaceutical				
Type of Service Provided X Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy X IntensiveCare Anesthesia Obstetrical X Renal Dialysis Pediatric/Adol escent Clinical Lab Radiological/ Imaging Newborn/ WellBaby Obstetrical Obstetrical Outpatient Surgery Pharmaceutical	ig Number: BLD-00901 Bu	uilding Name: South Wing (Bui	lding D)	
Nursing	iguration: Remove from GAC se	service by 1/1/2030		
Nursing Cesarean/Deliv Therapy X	e of Service Provided			
Pediatric/Adol escent	X Nursing	Surgical		
Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Obstetrical Pharmaceutical	X IntensiveCare	Anesthesia		X Renal Dialysis
Nursing Imaging WellBaby Surgery Obstetrical Pharmaceutical Pharmac		Clinical Lab	Recovery	
Obstetrical — —				
	Obstetrical	Pharmaceutical		
Ante/Postprtum Emergency Central Plant	Ante/Postprtum		Emergency	Central Plant
Intermediate Care X Dietetic Nuclear Medicine X Support		X Dietetic	Nuclear Medicine	X Support
Skilled Nursing X Administration	Skilled Nursing	X Administration		Services

	and the type of service	e that will b	ach building will comply be provided in each gene		
<u> </u>		ling E)			
GAC service by	1/1/2030				
I					
	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Anesthesia		Obstetrical Recovery		Renal Dialysis
X	Clinical Lab		Recovery		
	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Pharmaceutical		_		
	5		Emergency		Central Plant
	Dietetic		Nuclear Medicine	X	Support Services
X	Administration				Services
		X Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic	X Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic	Anesthesia Obstetrical Recovery X Clinical Lab Radiological/ Newborn/ WellBaby Pharmaceutical Emergency Dietetic Nuclear Medicine	Anesthesia Obstetrical Recovery X Clinical Lab Radiological/ Newborn/ WellBaby Pharmaceutical Emergency Dietetic Nuclear Medicine X

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	ner by retrofit or by				ach building will comply we provided in each gener		
Building Number:	BLD-00904	Building Nam	e: Surgery Wing (Buil	ding G)			
Configuration:	Retrofit Conformin	g building to N	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient ourgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	c	entral Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine	X s	Support
Sk	illed Nursing		Administration			— (Services

Report Year: 20	10843	Santa Barbara	a Cottage Hospital		Santa Barbara		Page:36 of 52
	ner by retrofit or by				ach building will comply voe provided in each gene		
Building Number:	BLD-00906	Building Nar	ne: Centennial Wing (Building	1)		
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient irgery
	ostetrical	X	Pharmaceutical				
— An	te/Postprtum			X	Emergency	Ce	entral Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		upport
Sk	illed Nursing		Administration			S	ervices

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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-00907	Building Nan	ne: Cancer Center (Bu	ilding K	1						
Configuration:	onfiguration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	e Provided										
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		reservery						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
	termediate are		Dietetic		Nuclear Medicine	X	Support				
SI	killed Nursing		Administration				Services				

quirements whet	ther by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building			
r Section 13006	61(c)(5)									
Building Number: BLD-05289 Building Name: New Central Plant										
Configuration: N/A										
Type of Service	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		. cocording					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		F		On the Plant			
	·		Dietetic		Emergency	X	Central Plant			
	itermediate are				Nuclear Medicine		Support Services			
S	killed Nursing		Administration							

Report	Year: 2014	10843	Santa Barbara (Cottage Ho	ospital		Santa Barbara		Page:39 of 52
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-00898	Building Na	ıme: We	est Wing (Building A)				
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	20		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	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		20						

Report	Year: 2014	10843	Santa Barbara (Cottage Ho	ospital		Santa Barbara		Page:40 of 52
	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: BLE	D-00901	Building Na	me: So	uth Wing (Building D)				
Тур	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	60		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	22		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X	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	X	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		82						

Report Year: 2014	10843	Santa Barbara	Cottage H	ospital	Santa Barbara		Page:41 of 52		
	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-00902	Building N	ame: Ea	ast Wing (Building E)					
Type of Service Pro	<u>vided</u>								
X Nursing	Inpatient Beds	50		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy		
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	17	X	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis		
Psychiatric X Nursing	Inpatient Beds	20		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient ery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Serv	oort ices		
Skilled Nursing	Inpatient Beds	0	X	Administration					
Total Beds this Building		87							

Report Year	r: 2014	10843 S	Santa Barbara Cott	age H	ospital		Santa Barbara		Page:42 of 52
	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 No	umber: BLD	0-00904	Building Name	: Su	rgery Wing (Building G)	1			
Type of S	Service Prov	<u>ided</u>							
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia				
Ped esce	liatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inter Care	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skill	led Nursing	Inpatient Beds	0		Administration				
Tota Build	al Beds this ding		0						

Report	Year: 2014	10843	Santa Barbara C	Cottage Ho	ospital		Santa Barbara		Page:43 of 52
	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: BLE	D-00906	Building Na	me: Ce	ntennial Wing (Build	ing I)			
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	18		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	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		18						

Report Year:	2014	10843	Santa Barbara C	ottage Ho	ospital		Santa Barbara		Page:44 of 52
	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 Num	ber: BLD	0-00907	Building Nar	me: Ca	ncer Center (Buildin	g K)			
Type of Ser	vice Prov	ided							
Nursin	g	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensi	veCare	Inpatient Beds	0		Anesthesia				
Pediati escent	ric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychi Nursin		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstet Ante/P	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled	Nursing	Inpatient Beds	0		Administration				
Total B Buildin	eds this g		0						

Report '	Year: 2014	10843	Santa Barbara Co	ttage H	lospital		Santa Barbara		Page:45 of 52
	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)								
Buildir	ng Number: BLC	D-05289	Building Name	e: Ne	ew Central Plant				
<u>Type</u>	of Service Prov	<u>rided</u>							
	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	X	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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BL	D-00898 Buildi	Mest Wing (Building A)							
Medical / Surgical (Incl	ude GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days						
Perinatal (Exclude New	rborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days						
Pediatric		Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days						
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 20 Bed	Inpatient 641 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 20						

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:47 of 52 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-00901 South Wing (Building D) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 60 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 1991 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient 22 Inpatient Inpatient 4206 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 82 82

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:48 of 52 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-00902 East Wing (Building E) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 50 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 5849 20 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 3304 Inpatient 0 Inpatient Inpatient Inpatient Inpatient 17 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 87 87

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:49 of 52 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-00904 Surgery Wing (Building G) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 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

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:50 of 52 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-00906 Centennial Wing (Building I) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient 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 18 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 18 18

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:51 of 52 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-00907 Cancer Center (Building K) **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

Report Year: 2014 10843 Santa Barbara Cottage Hospital Santa Barbara Page:52 of 52 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-05289 New Central Plant **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