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| Office of Statewide Health Planning and Development |
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| Facilities Development |
| Division |
| 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: | 10848 | |
|----------------------|---|--|
| Facility Name: | Santa Ynez Valley Cottage Hospital | |
| Address: | 2050 Viborg Rd. | |
| City: | Solvang | |
| Hospital Owner/Lice | ensee: Cottage Health System; Sole Corporate Member | |
| Year of Repo | orting: 2014 | |
| Contact 1 e-mail Ado | dress: | |
| Contact 2 e-mail Ado | dress: | |
| Contact 3 e-mail Add | Iress:: | |
| Name of Subr | mitter: Brooks Larson | |
| Submission | Date: 10/23/2014 5:44:46 PM | |
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| Report Y | Year: 2014 10848 | Santa Ynez Valley Cottage Hosp | oital | Solvang | | Page:2 of 20 | | | |
|------------------------|---|--|------------------------|---------------------------------|-------------------|--------------------------------|--|--|--|
| rebuild, r 130061.5 | 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- 00896 | Hospital Building | 2050 Viborg Rd. | Retrofit | SPC2 | 09/01/2015 | 06/30/2015 | | | |
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| eport Year: 2014 | 1 | 0848 Santa Ynez \ | /alley Cottage Hos | spital | Solvan | g | | Page:3 o | f 20 |
|--|------------|--|--------------------|----------------------------|-----------------------------|------------|--------------------------|-------------|----------------|
| 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). | | | | | | | | | |
| uilding No: BLD-00 | 896 | Hospital Building | | | Retrofit/Re Project: | placement | Yes-Sut | omitted |] |
| | Sub Num | Scope | | Date In | Plan Approved Date | Start Date | Project Complete d | Status | CEQA Review |
| 0848 HS061307-0 | 0 | ADDITIONS & ALTERA YNEZ VALLEY COTTAC | | 7/7/2006 12:00:00 AM | 3/28/2008 12:00:00 AM | 04/02/2008 | 06/30/2015 | FIEL | No |
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| Report Year: 2014 | 10848 San | ta Ynez Valley Cottage Hosp | ital | Solvang | Page:4 of 20 | | |
|--|-------------------|-----------------------------|-------------------|------------------------|------------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: BLD | 0-00896 | Building Name: | Hospital Building | g | | | |
| Type of Service Provid | ded | | | | | | |
| | Inpatient Beds | 0 Inpatient 0 Days | X Surg | ical | Obstetrical Recovery | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Anes | thesia | Newborn/ WellBaby | | |
| | Inpatient Beds | 0 Inpatient Days 0 | | cal Lab | Emergency | | |
| | Inpatient Beds | 0 Inpatient Days 0 |] Imagi | blogical/ | Nuclear Medicine | | |
| | Inpatient [| 0 Inpatient Days 0 | | | Rehabilitation Therapy | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Admi | | Renal Dialysis Outpatient | | |
| | Inpatient | 0 Inpatient Days 0 | | ces 🗀 | Surgery | | |
| | | al Beds this | | etrical Irean/Deliv | Central Plant | | |
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| OSHPD FDD SB499 Report | Data L | .ast Update: 10/22/2014 | Submission Date | e: 10/23/2014 Pr | nted: 10/25/2014 6:25 AM | | |

| Report Year: 20 | 014 10848 Santa Yn | ez Valley Cottage Hos | pital Sc | blvang | Page:5 of 20 |
|--------------------|--------------------------------|-------------------------------|--------------------------|---|--|
| Provide the number | r of Inpatient beds and patier | nt days per type of unit | per building per Section | 130061(c)(1)(F) | |
| Building Number: | BLD-00896 Build | ling Name: Hospi | ital Building | |] |
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | born | 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 / developm Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |
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| OSHPD FDD SB499 I | Report Data Last U | pdate: 10/22/2014 | Submission Date: | 10/23/2014 Printed | : 10/25/2014 6:25 AM |

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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-00896 | Hospital Building | Retrofit |
| BLD-00897 | Emergency Services Building | Remain |
| BLD-03116 | ER Canopy | Rebuild |

| Report Year: 2014 | 4 10848 | Santa Ynez Vall | ey Cottage Hospita | al | Solvang | | Page:7 of 20 | |
|--|--------------|--------------------|--------------------|-----------------|---------------|-------------------|--------------|--|
| List ALL proposed new buildings to be constructed at this or another site. | | | | | | | | |
| Building Number | Building Nam | ne | | New Site | | | | |
| N_1 | Patient Roon | n and Imaging Dept | t. Addition | | | | | |
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| Report Year: | 2014 | 10848 | Santa Ynez Valley Co | ottage Hospital | Solvang | Page:8 of 20 |
|------------------|------------|-------------|-----------------------|-----------------|---------|--------------|
| No data reported | for Sectio | n 130061 (c |)(2)(A) , (B), or (C) | | | |
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| Report Year: | 2014 | 10848 | Santa Ynez Valley Cottage Hospital | Solvang | Page:9 of 20 |
|-----------------|----------------|-------------|------------------------------------|---------|--------------|
| No data reporte | ed for Section | n 130061(c) |)(2)(D). | | |
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| Report Year: | 2014 | 10848 | Santa Ynez Valley Cottage Hospital | Solvang | Page:10 of 20 |
|-----------------|---------------|-------------|------------------------------------|---------|---------------|
| No data reporte | ed for Sectio | n 130061(c) |)(2)(D. | | |
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| Report Year: | 2014 | 10848 | Santa Ynez Valley | Cottage Hospital | | Solvang | | Page:11 of 20 |
|-----------------|--------------|-------------|---|---------------------|----------------|------------------|----------------------|--------------------------|
| No data reporte | ed for wheth | er the gene | ral acute care servic numbers for building | es and beds will be | relocated to a | new, existing or | retrofitted building | and any 0061(c)(2)(E) |
| borresponding | | | | | | | | ()(2)(2). |
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| Report Year: | 2014 | 10848 | Santa Ynez Valley Cottage Hospital | Solvang | Page:12 of 20 |
|------------------|------------|------------|------------------------------------|---------|---------------|
| No data reported | for Sectio | n 130061(c |)(3). | | |
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| Report Year: 2014 | 10848 Santa Yr | nez Valley Cottage Hospital | Solvang | | Page:13 of 20 | | | | |
|--|-------------------------------|-----------------------------|-------------------------------|---------------------|---------------|--|--|--|--|
| Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | | | |
| Building Number: B | BLD-00896 Building N | Name: Hospital Building | | | | | | | |
| Type of Service P | Provided | | | | | | | | |
| | | X Surgical | Obstetrical Cesarean/Deliv | Rehabil Therap | | | | | |
| | Nursing | X Anesthesia | | | | | | | |
| | IntensiveCare | | Obstetrical Recovery | Renal D | Dialysis | | | | |
| | Pediatric/Adol escent | X Clinical Lab | Newborn/ | X Outpation | | | | | |
| | Psychiatric | Radiological/ Imaging | WellBaby | e a. ge. j | | | | | |
| | Nursing | X Pharmaceutical | Emergency | X Central | Plant | | | | |
| | Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | X Suppor Service | | | | | |
| | Intermediate Care | X Administration | | | | | | | |
| | Skilled Nursing | | | | | | | | |
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| Report Year: 2014 10848 | Santa Ynez Valley Cottage Hospital | | Solvang | | Page:14 of 20 | | | | |
|---|------------------------------------|-----------------|-----------------------|---------------|-----------------------|--|--|--|--|
| 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-00896 Building Name: Hospital Building Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030 | | | | | | | | | |
| Type of Service Provided | | s and remove no | In service by 2030 | | | | | | |
| Nursing | X Surgical | Obste Cesa | etrical rean/Deliv | | habilitation erapy | | | | |
| IntensiveCare | X Anesthesia | Obste | | Re | nal Dialysis | | | | |
| Pediatric/Adol escent | X Clinical Lab | | very | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newb WellB | | | tpatient rgery | | | | |
| Obstetrical Ante/Postprtum | X Pharmaceutical | | gency | X Ce | ntral Plant | | | | |
| | X Dietetic | | | | | | | | |
| Care Skilled Nursing | X Administration | Nucle | ar Medicine | | ipport prvices | | | | |
| | | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 10/22/2014 | Submission Date | e: 10/23/2014 | Printed: 10/2 | 25/2014 6:25 AM | | | | |

| Report Year: 20 | 10848 | Santa Ynez V | alley Cottage Hospital | | Solvang | | Page:15 of 20 | | |
|---|-----------------------------|----------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|
| 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-00897 Building Name: Emergency Services Building | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol cent | | Clinical Lab | | Necovery | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical ite/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | x | Support | | |
| | illed Nursing | | Administration | | | | Services | | |
| | | | | | | | | | |
| OSHPD FDD SB499 F | Report Da | ta Last Update | e: 10/22/2014 | Submiss | on Date: 10/23/2014 | Printed: | 10/25/2014 6:25 AM | | |

| Report Year: 20 | 10848 | Santa Ynez \ | /alley Cottage Hospital | | Solvang | | Page:16 of 20 | |
|---|----------------------------|----------------|--------------------------|---------|--|----------|---------------------------|--|
| | her by retrofit or by | | | | ach building will comply with be provided in each general | | | |
| Building Number: | BLD-03116 | Building Na | me: ER Canopy | | | | | |
| Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and 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 | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | |
| | | | | | | | | |
| OSHPD FDD SB499 R | Report Da | ata Last Updat | e: 10/22/2014 | Submiss | ion Date: 10/23/2014 | Printed: | 10/25/2014 6:25 AM | |

| Report Year:201410848Santa | Ynez Valley Cottage Hospital | Solvang | Page:17 of 20 | | | | |
|--|--|--|--------------------|--|--|--|--|
| 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-00897 B | uilding Name: Emergency Services Buildin | g | | | | | |
| Type of Service Provided | | | | | | | |
| Nursing Inpatient Beds | 0 Surgical | Obstetrical Reha Cesarean/Deliv Thera | abilitation apy | | | | |
| IntensiveCare Inpatient Beds | 0 Anesthesia | | | | | | |
| Pediatric/Adol Inpatient | 0 Clinical Lab | Obstetrical Rena | Il Dialysis | | | | |
| Psychiatric Inpatient Nursing Beds | 0 Radiological/ Imaging | Newborn/ Outputer Surge | atient ery | | | | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Pharmaceutical | X Emergency Cent | ral Plant | | | | |
| Intermediate Inpatient Care Beds | Dietetic | Nuclear X Supp Medicine Servi | oort ces | | | | |
| Skilled Nursing | 0 Administration | | | | | | |
| Total Beds this 0 Building | | | | | | | |
| OSHPD FDD SB499 Report Data Las | t Update: 10/22/2014 Submission Da | te: 10/23/2014 Printed: 10/25/ | | | | | |

| Report Year: | 2014 10 | 0848 8 | Santa Ynez Va | alley Cottage | e Hospital | S | Solvang | | Page:18 of 20 |
|--------------------|--|---------------|-----------------|---------------|--------------------------|------------|-------------------------------|-------------|-------------------------|
| | 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) | | | | | | | | SPC-3, SPC-4, |
| Building Num | ber: BLD-031 | 116 | Building N | ame: ER | Canopy | | | | |
| Type of Serv | vice Provided | b | | | | | | | |
| Nursing | g Inp Beo | oatient ds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| Intensi | veCare Inp Beo | oatient ds | 0 | | Anesthesia | _ | | _ | |
| Pediatr escent | | oatient ds | 0 | | Clinical Lab | | Obstetrical Recovery | R | enal Dialysis |
| Psychia Nursing | | oatient ds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery |
| Obstetr | rical Inp ostprtum Beo | batient ds | 0 | | Pharmaceutical | | Emergency | | entral Plant |
| Interme Care | ediate Inp Beo | batient ds | 0 | | Dietetic | | Nuclear Medicine | □ s s | upport ervices |
| Skilled | Nursing Inp Beo | batient ds | 0 | | Administration | | | | |
| Total B Buildin | Beds this | | 0 | | | | | | |
| | | | | | | | | | |
| OSHPD FDD SE | 3499 Report | Da | ta Last Update: | 10/22/20 | 14 Submis | sion Date: | 10/23/2014 | Printed: 10 | /25/2014 6:25 AM |

| Report Year: 2014 10848 Santa Year | nez Valley Cottage Hospital | Solvang | Page:19 of 20 |
|--|---|---|-------------------------|
| Include information on the number of inpatient SPC-5 per Section 130061(e) | beds by type of unit provided by buildings that | t are classified as SPC-2, SPC-3, | SPC-4, and |
| Building Number: BLD-00897 Building Number: | ding Name: Emergency Services Building | ng | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | ut O |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 |
| | | | |
| OSHPD FDD SB499 Report Data Last U | Jpdate: 10/22/2014 Submission Date: | 10/23/2014 Printed: 10/25 | /2014 6:25 AM |

| Report Year: 2014 10848 Santa Year | Inex Valley Cottage Hospital | Solvang Page:20 of 20 | | | | | | |
|---|-------------------------------------|--|--|--|--|--|--|--|
| 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: BLD-03116 Bu | ilding Name: ER Canopy | | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Bed Days | | | | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Bed Days | | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 0 | | | | | | |
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| OSHPD FDD SB499 Report Data Last | Update: 10/22/2014 Submission Date: | 10/23/2014 Printed: 10/25/2014 6:25 AM | | | | | | |