## 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	I Owner and Year of Report per Section 130061(e)
Facility Number:	10874
Facility Name:	El Camino Hospital Los Gatos
Address:	815 Pollard Road
City:	Los Gatos
Hospital Owner/Lic	censee: El Camino Hospital
Year of Re	eporting: 2014
Contact 1 e-mail A	Address:
Contact 2 e-mail A	Address:
Contact 3 e-mail Ac	ddress::
Name of Sul	bmitter: Michael Kay
Submissio	on Date: 10/16/2014 5:26:01 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- 02243	Original Building / Outpatient	815 Pollard Road	Retrofit	SPC2	01/01/2015	01/01/2015

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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	No: BLD-0	2243	Original Building / Outpatient		Retrofit/Re Project:	placement	No		
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10874	SS102461-0	0		12/16/2010 12:00:00 AM	3/24/2011 12:00:00 AM	06/03/2011		CLOS	No
10874	SS110711-0	0		4/18/2011 12:00:00 AM	7/25/2011 12:00:00 AM	01/01/2012		PEND	No

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)										
Building Number:	3LD-02243	Building Name:	Priginal Building / Outpatient							
Type of Service Pro	<u>ovided</u>		_							
X Nursing	Inpatient Beds	18 Inpatient 970 Days	Surgical	X Obstetrical Recovery						
X IntensiveCare	Inpatient Beds	2 Inpatient Days 293	Anesthesia	X 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	X Nuclear Medicine						
X Obstetrical Ante/Postprtun	Inpatient n Beds	14 Inpatient Days 2090	X Pharmaceutical X Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis						
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	X Support Services  X Obstetrical	Outpatient Surgery						
		Total Beds this Building	Cesarean/Deliv	Central Plant						

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Provide the number of inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number:	BLD-02243 Bu	ilding Name: Orig	inal Building / Outpatient					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 18 Bed	Inpatient 970 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 14 Bed	Inpatient 2090 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 2 Bed	Inpatient 293 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr 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	34	34			

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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-02243	Original Building / Outpatient	Retrofit
BLD-02244	Generator Building	Remain
BLD-02245	Unit 2 Addition / CCU Building	Remain
BLD-02246	Surgery / Medical Center	Remain
BLD-02247	Administration Building	Remain
BLD-02248	ICU Building	Remain
BLD-02249	Emergency	Remain
BLD-02250	Endoscopy	Remain
BLD-02251	Entrance Canopy	Remain
BLD-02252	O.B. Gyn / Cancer Center	Remain
BLD-03692	Rehabilitation Center	Remain
BLD-03693	Emergency Generator Building	Remain
BLD-03694	Rehab Center Addition 1	Remain
BLD-03695	Rehab Center Addition 2	Remain
BLD-03821	Back-of-house addition (freezer)	Remain
BLD-03822	Back-of-house Facility	Remain
BLD-03823	Ambulatory Surgery Holding	Remain
BLD-03824	Switch Gear Building	Remain

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No proposed ne	ew buildings	to be constr	ructed at this or another site.		

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No data reporte	ed for whethe	er the genera	al acute care services and beds will be reloc	ated to a	new, existing or retrofitted buil	ding and any
corresponding	building sites	s or project i	numbers for buildings with a building resolu	don or it	ebuliu of Neplace per Section	71 130001(c)(2)(L).

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ding Number:	BLD-02243 Buildi	ng Name: O	riginal Building / Outp	atient			
Type of Service	e Provided		0	[√]			Dahahilitatian
			Surgical	Х	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
X	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab		•		Outpatient
	escent	X	Radiological/	X	Newborn/ WellBaby		Surgery
	Psychiatric		Imaging		,		
_	Nursing	X	Pharmaceutical		Emergency		Central Plant
X	Obstetrical Ante/Postprtum			Х	Nuclear	X	Support
	Anten ostpitam	X	Dietetic		Medicine		Services
	Intermediate						
_ <del>_</del>	Care		Administration				
	Skilled Nursing						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)												
Building Number: BLD-02243	Building Name: Original Building	y / Outpatient										
Configuration: N/A												
Type of Service Provided												
X Nursing	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy									
X IntensiveCare	Anesthesia	X Obstetrical Recovery	Renal Dialysis									
Pediatric/Adol escent	X Clinical Lab	recovery										
Psychiatric Nursing	X Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery									
X Obstetrical	X Pharmaceutical											
Ante/Postprtum		Emergency	Central Plant									
Intermediate Care	X Dietetic											
Skilled Nursing	Administration	X Nuclear Medicine	X Support Services									
	1											

		ospital Los Gatos		Los Gatos		Page:15 of 65
onfiguration of all build ther by retrofit or by re 61(c)(5)	lings on the eplacement	hospital campus show and the type of service	ring how e e that will	each building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
BLD-02244	Building Na	me: Generator Buildi	ng			
N/A						
e Provided						
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
itermediate		Dietetic		Emergency		Central Flant
are killed Nursing		Administration		Nuclear Medicine		Support Services
	BLD-02244  N/A  Provided  ursing  tensiveCare  ediatric/Adol scent  sychiatric ursing  bstetrical nte/Postprtum  termediate are	ther by retrofit or by replacement in (c)(5)  BLD-02244  Building Na  N/A  e Provided  ursing  tensiveCare  ediatric/Adol scent  sychiatric ursing  bstetrical nte/Postprtum  termediate are	ther by retrofit or by replacement and the type of service (1(c)(5))    BLD-02244	ther by retrofit or by replacement and the type of service that will (c)(5)    BLD-02244	ther by retrofit or by replacement and the type of service that will be provided in each gen 1(c)(5)    BLD-02244	BLD-02244 Building Name: Generator Building  N/A  e Provided  ursing Surgical Obstetrical Cesarean/Deliv  tensiveCare Anesthesia Obstetrical Recovery  ediatric/Adol Scent Surgical Newborn/ WellBaby  Pharmaceutical Dietetic  termediate are Dietetic  Administration

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)												
Building Number: BLD-02245 Building Name: Unit 2 Addition / CCU Building												
Configuration: N/A												
Type of Service Provided												
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		Recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant					
	termediate are		Dietetic		Nuclear Medicine	X	Support					
Sk	cilled Nursing		Administration				Services					

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Report the final co equirements whet er Section 13006	ther by retrofit or by re	dings on the eplacement	hospital campus show and the type of service	ing how e that will	ach building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-02246	Building Na	me: Surgery / Medica	al Center			
Configuration:	N/A						
Type of Service	e Provided						
Nu Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				Contract failt
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

		ospital Los Gatos	vina hour	Los Gatos	with the CF	Page:18 of 65
oniguration of all build the by retrofit or by ref 61(c)(5)	aings on the eplacement	and the type of service	ing now e e that will	be provided in each gen	eral actue c	are hospital building
BLD-02247	Building Na	me: Administration E	uilding			
N/A						
e Provided						
lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Inte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
ntermediate		Dietetic		Liliergency		Ociliai riaili
are killed Nursing	X	Administration		Nuclear Medicine		Support Services
	Infiguration of all build ther by retrofit or by re	Infiguration of all buildings on the ther by retrofit or by replacement in (c)(5)  BLD-02247  Building National	Infiguration of all buildings on the hospital campus show ther by retrofit or by replacement and the type of service (1) (c)(5)    BLD-02247	Infiguration of all buildings on the hospital campus showing how ether by retrofit or by replacement and the type of service that will into (c)(5)    BLD-02247	mifiguration of all buildings on the hospital campus showing how each building will comply ther by retrofit or by replacement and the type of service that will be provided in each general color.    BLD-02247	Infiguration of all buildings on the hospital campus showing how each building will comply with the SF ther by retrofit or by replacement and the type of service that will be provided in each general actue of the provided

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Report the final conf requirements whether per Section 130061	er by retrofit or by r	dings on the eplacement	hospital campus showii and the type of service	ng how e that will t	ach building will comply voe provided in each gene	with the SPC ral actue car	-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02248	Building Nar	ne: ICU Building				
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Ped	diatric/Adol ent		Clinical Lab		Recovery		
	vchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Skil	lled Nursing		Administration				Services

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Report the final conf requirements whether per Section 130061	er by retrofit or by r	dings on the eplacement a	nospital 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 care	5/NPC-4 or 5 hospital building
Building Number:	BLD-02249	Building Nar	ne: Emergency				
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
Ped	diatric/Adol ent		Clinical Lab		Reservery		
	vchiatric rsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
	stetrical e/Postprtum		Pharmaceutical	X	Emergency	c	entral Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Skil	lled Nursing		Administration				Services

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Report the final configura requirements whether by per Section 130061(c)(5	retrofit or by replacem	the hospital campus showing ent and the type of service the	g how each b nat will be pro	uilding will comply with ovided in each general a	the SPC-5/NI actue care ho	PC-4 or 5 spital building
Building Number: BLD	0-02250 Building	Name: Endoscopy				
Configuration: N/A						
Type of Service Prov	/ided					
Nursing		Surgical		stetrical arean/Deliv	Reha Ther	abilitation apy
Intensiv	eCare	Anesthesia		stetrical covery	Rena	al Dialysis
Pediatric escent	c/Adol	Clinical Lab	Rec	overy		
Psychia Nursing		Radiological/ Imaging		vborn/ IBaby	Outp Surg	atient ery
Obstetri Ante/Po		Pharmaceutical	Eme	ergency	Cent	ral Plant
Intermed Care	diate	Dietetic	☐ Nuc	lear Medicine	Sup	port
Skilled N	Nursing	Administration	_		— Serv	vices

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Report the final confirequirements whether per Section 130061(	er by retrofit or by re	lings on the eplacement a	hospital campus showing and the type of service the	g how e	ach building will comply wi ee provided in each genera	th the SPC- al actue care	5/NPC-4 or 5 e hospital building
Building Number:	BLD-02251	Building Nar	ne: Entrance Canopy				
Configuration:	N/A						
Type of Service I	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	nsiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
Ped esce	liatric/Adol ent		Clinical Lab		Recovery		
Psy-	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Care	rmediate e		Dietetic		Nuclear Medicine	П	Support
Skill	led Nursing		Administration	<u> </u>		_	Services

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eport the final c equirements who er Section 1300	ether by retrofit or by r	dings on the eplacement	hospital campus show and the type of service	ving how e e that will	each building will comply be provided in each gen	with the SF eral actue o	PC-5/NPC-4 or 5 are hospital building
uilding Number:	: BLD-02252	Building Na	me: O.B. Gyn / Cand	cer Center			
Configuration:	N/A						
Type of Servi	ce Provided						
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgono.		Central Plant
	ntermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by i	dings on the replacement	hospital campus showir and the type of service t	ig how e that will t	ach building will comply wo be provided in each gener	vith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-03692	Building Nar	ne: Rehabilitation Cer	nter			
Configuration:	N/A						
Type of Service	Provided						
X Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

		ospital Los Gatos		Los Gatos		Page:25 of 65
nfiguration of all build her by retrofit or by re 1(c)(5)	dings on the eplacement	hospital campus show and the type of service	ving how e e that will	each building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
BLD-03693	Building Na	me: Emergency Gen	erator Bui	lding		
N/A						
Provided						
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol cent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
ostetrical nte/Postprtum		Pharmaceutical		Emergency.	☑	Central Plant
termediate		Dietetic		Emergency		Central Flant
are killed Nursing		Administration		Nuclear Medicine		Support Services
t es su	BLD-03693  N/A  Provided  Irsing  ensiveCare  Idiatric/Adol cent  ychiatric Irsing  estetrical te/Postprtum  ermediate Ire	BLD-03693 Building Na  N/A  Provided  Irsing  ensiveCare  Idiatric/Adol cent  ychiatric ursing  Distetrical te/Postprtum  ermediate are	BLD-03693  Building Name: Emergency Gen  N/A  Provided  Irsing  EnsiveCare  Anesthesia  Clinical Lab  Clinical Lab  Radiological/ Imaging  Distetrical Ite/Postprtum  Administration	BLD-03693  Building Name: Emergency Generator Build	BLD-03693   Building Name:   Emergency Generator Building   N/A   Provided   Surgical   Obstetrical   Cesarean/Deliv   Cesarean/Deliv   Obstetrical   Recovery   Clinical Lab   Cesarean/Deliv   Obstetrical   Recovery   Clinical Lab   Cesarean/Deliv   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Cesarean/Deliv   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Obstetrical   Recovery   Obstetrical   Obs	BLD-03693 Building Name: Emergency Generator Building    N/A

port the final configuration in a configuration in	r by retrofit or by rep	placement	and the type of service	that will I	ach building will comply be provided in each geno	eral actue c	are hospital building
uilding Number:	BLD-03694 B	uilding Na	me: Rehab Center A	ddition 1			
Configuration:	N/A						
Type of Service P	Provided						
X Nurs	ing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Pedi esce	atric/Adol ent		Clinical Lab		Recovery		
Psyc Nurs	chiatric ing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	eetrical /Postprtum		Pharmaceutical		Emorgonov		Central Plant
Inter	mediate		Dietetic	_	Emergency		Central Plant
Care Skille	ed Nursing		Administration		Nuclear Medicine		Support Services

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Report the final config requirements whether per Section 130061(c)	r by retrofit or by re	ngs on the h	nospital campus showing and the type of service the	g how ea	ach building will comply wi ee provided in each genera	th the SPC Il actue car	-5/NPC-4 or 5 re hospital building
Building Number: B	BLD-03695 E	Building Nan	ne: Rehab Center Add	ition 2			
Configuration:	I/A						
Type of Service P	rovided						
X Nursi	ing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	siveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Pedia escer	atric/Adol nt		Clinical Lab		Recovery		
Psycl Nursi	hiatric		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	etrical /Postprtum		Pharmaceutical		Emergency		Central Plant
Interr Care	mediate		Dietetic		Nuclear Medicine		Support
Skille	ed Nursing		Administration				Services

		ospital Los Gatos	vina how o	Los Gatos	with the SE	Page:28 of 65
ther by retrofit or by retro(5)	eplacement	and the type of service	e that will	pe provided in each gen	eral actue c	eare hospital building
BLD-03821	Building Na	me: Back-of-house a	addition (fr	eezer)		
N/A						
e Provided						
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
bstetrical nte/Postprtum		Pharmaceutical		Emorgono.		Central Plant
termediate	X	Dietetic		Lillergency		Odillai Fialil
are killed Nursing		Administration		Nuclear Medicine	Ш	Support Services
	nfiguration of all build her by retrofit or by retr	nfiguration of all buildings on the her by retrofit or by replacement 1(c)(5)  BLD-03821 Building Na  N/A  Provided  ursing  tensiveCare  ediatric/Adol scent  sychiatric ursing  bestetrical nte/Postprtum  termediate are	nfiguration of all buildings on the hospital campus show her by retrofit or by replacement and the type of service 1(c)(5)    BLD-03821   Building Name:   Back-of-house a     N/A     Provided	nfiguration of all buildings on the hospital campus showing how enter by retrofit or by replacement and the type of service that will in the first of the provided in the prov	Infiguration of all buildings on the hospital campus showing how each building will comply her by retrofit or by replacement and the type of service that will be provided in each general function (freezer)    BLD-03821	Infiguration of all buildings on the hospital campus showing how each building will comply with the SF her by retrofit or by replacement and the type of service that will be provided in each general actue of 1(c)(5)    BLD-03821

eport the final con quirements wheth r Section 130061	ner 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 geno	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
							1
uilding Number:	BLD-03822	Building Na	me: Back-of-house I	acility			
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical		Pharmaceutical				
An	te/Postprtum				Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine	X	Support
Sk	illed Nursing		Administration				Services

Configuration: N/A	 ] ]
Configuration: N/A  Type of Service Provided  Nursing Surgical Obstetrical Cesarean/Deliv Therapy  IntensiveCare Anesthesia Obstetrical Renal Dialysis  Pediatric/Adol escent Clinical Lab  Psychiatric Radiological/ Newborn/ WollBaby	]
Type of Service Provided  Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy  IntensiveCare Anesthesia Obstetrical Renal Dialysis Recovery  Pediatric/Adol escent Radiological/ Imaging Newborn/ WollBaby WollBaby Surgery	
Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy  IntensiveCare Anesthesia Obstetrical Renal Dialysis Recovery  Pediatric/Adol escent Radiological/ Imaging Rehabilitation Therapy  Rehabilitation Therapy  Renal Dialysis Recovery  Outpatient Surgeny	
Cesarean/Deliv Therapy  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Radiological/ Newborn/ Outpatient Surgery  Newborn/ WollBaby	
Pediatric/Adol	
Pediatric/Adol	
Psychiatric Imaging WellBaby Surgery	
Training and the same of the s	
Obstetrical Ante/Postprtum  Pharmaceutical Emergency  Central Plant	
Dietetic	
Care Nuclear Medicine Support Services  Administration	
Skilled Nursing	

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configuration of all buil ether by retrofit or by 1 061(c)(5)	dings on the replacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each gen	with the SF eral actue o	PC-5/NPC-4 or 5 are hospital building
: BLD-03824	Building Na	me: Switch Gear Bu	lding			
N/A						
ce Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov	abla	Central Plant
Intermediate		Dietetic	_	Emergency		Central Flant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	onfiguration of all builether by retrofit or by 61(c)(5)  EBLD-03824  N/A  Ce Provided  Nursing  IntensiveCare  Pediatric/Adolescent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate	onfiguration of all buildings on the ether by retrofit or by replacement 61(c)(5)  EBLD-03824 Building Na  N/A  Ce Provided  Nursing  ntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Dbstetrical Ante/Postprtum  Intermediate	onfiguration of all buildings on the hospital campus show either by retrofit or by replacement and the type of service 61(c)(5)    BLD-03824	onfiguration of all buildings on the hospital campus showing how either by retrofit or by replacement and the type of service that will left (c)(5)    BLD-03824	onfiguration of all buildings on the hospital campus showing how each building will comply either by retrofit or by replacement and the type of service that will be provided in each gen 61(c)(5)  BLD-03824 Building Name: Switch Gear Building  N/A  Ce Provided  Nursing Surgical Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol Pescent Radiological/ Imaging Distetrical Ante/Postprtum Distetrical Ante/Postprtum Distetrical Antermediate Care Nursing Distetrical Antermediate Care Nuclear Medicine	onfiguration of all buildings on the hospital campus showing how each building will comply with the SF ether by retrofit or by replacement and the type of service that will be provided in each general actue of 61 (c)(5)    BLD-03824

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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-02244 Building Name: Generator Building										
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		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 and SPC-5 per Section		f inpatient beds	by type of S	Service provided by	building	s that are classified a	ıs SPC-	2, SPC-3, SPC-4,			
Building Number: BL	D-02245	Building N	ame: Un	it 2 Addition / CCU	Building						
Type of Service Provided											
X Nursing	Inpatient Beds	49		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X IntensiveCare	Inpatient Beds	8		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		57									

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Include information on and SPC-5 per Section		inpatient beds t	by type of Service pro	vided by buildings that are classified	as SPC-2, SPC-3, SPC-4,					
Building Number: BL	D-02246	Building Na	ame: Surgery / Med	dical Center						
Type of Service Provided										
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	X Anesthes	ia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiologi Imaging	cal/ Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmace	eutical Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	Administr	ation						
Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Numb	er: BLD-02247	Building Na	ame: Ad	ministration Building						
Type of Serv	ice Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Intensiv	eCare Inpatient Beds	0		Anesthesia						
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	<u> </u>	Renal Dialysis		
Psychia Nursing		0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obstetri Ante/Po		0		Pharmaceutical		Emergency		Central Plant		
Interme Care	diate Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
Skilled f	Nursing Inpatient Beds	0	X	Administration						
Total Be Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildin	ng Number: BLC	)-02248	Building Name	: IC	U Building					
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	7		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		7							

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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-02249	Building Na	ame: En	nergency						
Type of Service	e Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy		
IntensiveC	Care Inpatient Beds	0		Anesthesia						
Pediatric/A	Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis		
Psychiatri Nursing	c Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery		
Obstetrica Ante/Post		0		Pharmaceutical	X	Emergency		entral Plant		
Intermedia Care	ate Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices		
Skilled Nu	rsing Inpatient Beds	0		Administration						
Total Beds Building	s 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-02250	Building Na	me: Endoscopy							
Type of Service	e Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveC	Care Inpatient Beds	0	Anesthesia							
Pediatric/A	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	c Inpatient Beds	0	Radiological Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrica Ante/Post		0	Pharmaceut	ical Emergency	Central Plant					
Intermedia Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nu	rsing Inpatient Beds	0	Administration	on						
Total Beds Building	s 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	)-02251	Building Name	: Er	ntrance Canopy					
Type o	of Service Prov	<u>ided</u>								
N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare	Inpatient Beds	0		Anesthesia					
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	sychiatric Iursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
s	killed Nursing	Inpatient Beds	0		Administration					
	otal Beds this building		0							

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildi	ng Number: BLE	D-02252	Building Name	: O.	B. Gyn / Cancer Center						
Туре	of Service Prov	<u>rided</u>									
X	Nursing	Inpatient Beds	15		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		15								

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Include information on and SPC-5 per Section		f inpatient beds	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-03692	Building N	lame: Rehabilitation Center		
Type of Service Prov	vided				
X Nursing	Inpatient Beds	20	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	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		20			

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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-03693 Building Name: Emergency Generator Building											
Type of Serv	ice Provided										
Nursing	Inpatient Beds	0	☐ Su	ırgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Intensive	eCare Inpatient Beds	0	An	esthesia							
Pediatric escent	c/Adol Inpatient Beds	0	Cli	nical Lab		Obstetrical Recovery		Renal Dialysis			
Psychia Nursing	tric Inpatient Beds	0		diological/ aging		Newborn/ WellBaby		Outpatient Surgery			
Obstetri Ante/Po		0	Ph	armaceutical		Emergency	X	Central Plant			
Intermed Care	diate Inpatient Beds	0	Die	etetic		Nuclear Medicine		Support Services			
Skilled N	Nursing Inpatient Beds	0	Ad	ministration							
Total Be Building		0									

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Include information on and SPC-5 per Section		inpatient beds	by type of Service provided by	by buildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-03694	Building N	lame: Rehab Center Addit	ion 1	
Type of Service Prov	vided				
X Nursing	Inpatient Beds	8	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	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		8			

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	ation on the number of r Section 130061(e)	finpatient beds l	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number	er: BLD-03695	Building N	ame: Rehab Center Addition	n 2	
Type of Servi	ice Provided				
X Nursing	Inpatient Beds	2	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
Intensive	eCare Inpatient Beds	0	Anesthesia		
Pediatrio escent	c/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiat Nursing	tric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrio		0	Pharmaceutical	Emergency	Central Plant
Intermed Care	diate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	Nursing Inpatient Beds	0	Administration		
Total Be Building		2			

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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-03821 Building Name: Back-of-house addition (freezer)											
Туре	e 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	I	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			
	Skilled Nursing	Inpatient Beds	0		Administration							
	Total Beds this Building		0									

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BL	D-03822	Building Nam	ie: Ba	ack-of-house Facility						
Type of Service Pro	<u>vided</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		Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services		
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BLD-03823 Building Name: Ambulatory Surgery Holding											
Type of	Service Prov	<u>ided</u>									
Nu	rsing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare	Inpatient Beds	0		Anesthesia						
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
Inte	ermediate re	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
Ski	illed Nursing	Inpatient Beds	0		Administration						
	tal Beds this ilding		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: Bl	LD-03824	Building Na	me: Switch Gear Building							
Type of Service Pro	ovided									
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/Postprtun	Inpatient n 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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OSHPD FDD SB499 Report Data Last Update: 10/16/2014 Submission Date: 10/16/2014 Printed: 10/18/2014 6:25 AM

0

Inpatient

Days

0

0

0

Inpatient

Bed

Inpatient

Bed

Inpatient

Days

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Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:51 of 65 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-02246 Surgery / Medical Center **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 Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:52 of 65 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-02247 Administration Building **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 Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:53 of 65 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-02248 **ICU** Building **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 Bed Days 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

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:54 of 65 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-02249 **Building Number: Building Name:** Emergency Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:55 of 65 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-02250 Endoscopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:56 of 65 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-02251 **Entrance Canopy 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 Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:57 of 65 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-02252 O.B. Gyn / Cancer Center **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 15 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 808 Days Days Bed 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 15 15

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:58 of 65 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-03692 Rehabilitation Center **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 20 Inpatient 0 4301 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 20 20

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:59 of 65 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-03693 **Emergency Generator Building 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 Bed Days 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 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:60 of 65 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-03694 Rehab Center Addition 1 **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 Bed Days 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 8 1721 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 8 8

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:61 of 65 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-03695 Rehab Center Addition 2 **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 Bed Days 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 2 430 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 2 2

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:62 of 65 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-03821 Back-of-house addition (freezer) **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 Bed Days 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 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10874 El Camino Hospital Los Gatos Los Gatos Page:63 of 65 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-03822 Back-of-house Facility **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 Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:64 of 65 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-03823 Ambulatory Surgery Holding **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 Bed Days 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 10874 El Camino Hospital Los Gatos Los Gatos Page:65 of 65 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-03824 Switch Gear Building **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 Bed Days 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