Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

| Provide the Hospital | Owner and Year of Report per Section 130061(e) |
|----------------------|--|
| Facility Number: | 11125 |
| Facility Name: | Trinity Hospital |
| Address: | 60 Easter Avenue |
| City: | Weaverville |
| | |
| Hospital Owner/Lic | censee: Mountain Communities Healthcare District |
| Year of Rep | porting: 2014 |
| Contact 1 e-mail Ad | ddress: |
| Contact 2 e-mail Ad | ddress: |
| Contact 3 e-mail Ad | ddress:: |
| Name of Sub | bmitter: Wally Couch |
| Submission | n Date: 12/16/2014 2:06:07 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- 02525 | Security Addition | 60 Easter Avenue | Retrofit | SPC2 | 01/01/2020 | 07/01/2019 |
| BLD- 02529 | Connecting Corridor Addition | 60 Easter Avenue | Retrofit | SPC2 | 01/01/2020 | 07/01/2019 |

| Report Year: | 2014 | 11125 | Trinity Hospital | Weaverville | Page:3 of 30 |
|-----------------|---------------|-------------|------------------|-------------|--------------|
| No data reporte | d for Section | n 130061(c) | (1)(C). | | |
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| Report Year: 2014 | 11125 | Trinity Hospital | Weaverville | Page:4 of 30 | |
|--|-------------------|--------------------------|----------------------------|------------------------|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | |
| Building Number: BL | _D-02525 | Building Name: Se | curity Addition | | |
| Type of Service Prov | <u>/ided</u> | | | | |
| 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 | 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 | Rehabilitation Therapy | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | |
| | beus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | |
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| Report Year: 2014 | 11125 | Trinity Hospital | Weaverville | Pag | e:5 of 30 |
|----------------------------|-------------------|---|---------------------------------|------------------------|-----------|
| Provide the number of | f inpatient bed | ds and patient days per type of service p | er building per Section 130061(| c)(1)(F) | |
| Building Number: BL | | Building Name: | onnecting Corridor Addition | | |
| Type of Service Prov | <u>/ided</u> | | | | |
| 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 | 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 | Rehabilitation Therapy | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | |
| | beus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | |
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Trinity Hospital Report Year: 2014 11125 Weaverville Page:6 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02525 **Building Number: Building Name:** Security Addition Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Trinity Hospital Report Year: 2014 11125 Weaverville Page:7 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Connecting Corridor Addition Building Number:** BLD-02529 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 25 Inpatient 739 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 5320 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 26 Inpatient Bed Days Days Bed Days Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 51 0 Inpatient Inpatient Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt |
|--------------------|------------------------------|--|
| BLD-02523 | Main Hospital Building | Remain |
| BLD-02525 | Security Addition | Retrofit |
| BLD-02526 | 16-Bed Addition | Remain |
| BLD-02527 | Lab and Radiology Addition | Remain |
| BLD-02528 | Emergency Generator Building | Remain |
| BLD-02529 | Connecting Corridor Addition | Retrofit |

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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 | d for Section | n 130061(c |)(2)(D). | | |
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|-----------------|---------------|------------|------------------|-------------|---------------|
| No data reporte | d for Section | n 130061(c |)(2)(D. | | |
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| No data reported for 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). |
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|-----------------|---------------|-------------|------------------|-------------|---------------|
| No data reporte | d for Sectior | n 130061(c) | (3). | | |
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| ng Number: | BLD-02525 Buildi | ng Name: S | ecurity Addition | | | |
|--------------|-------------------------------|-------------|--------------------------|---|-------------------------|---------------------|
| pe of Servic | e Provided | I \square | Surgical | | Obstetrical | Rehabilitation |
| | Nursing | | | | Cesarean/Deliv | Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol | | Clinical Lab | | · | Outpatient |
| | escent | | Radiological/ Imaging | Ш | Newborn/ WellBaby | Surgery |
| Ш | Psychiatric Nursing | | Pharmaceutical | | Emergency | Central Plant |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | Support Services |
| | Intermediate Care | X | Administration | | | |
| | Skilled Nursing | | | | | |

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|---------------------------------------|-------------------------------|-------------------------|------------------------|-------------------------------|------------------|-------------------------|
| Report any general per Section 130061 | acute care hospital inpa | tient service that is p | rovided in any genaral | acute care hospit | al building that | is rated SPC-1 |
| Building Number: | BLD-02529 Buildin | g Name: Connecti | ing Corridor Addition | | | |
| Type of Service | Provided | | | | | |
| | | Surgi | cal | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| | Nursing | Anes | thesia | | | and Dishuis |
| | IntensiveCare | | | Obstetrical Recovery | ∐ K | enal Dialysis |
| | Pediatric/Adol escent | | cal Lab | Newborn/ | | utpatient urgery |
| | Psychiatric | Radio Imag | ological/ ing | WellBaby | | |
| _ | Nursing | Phari | maceutical | Emergency | С | entral Plant |
| | Obstetrical Ante/Postprtum | Diete | etic | Nuclear Medicine | □ s s | upport ervices |
| | Intermediate Care | Admi | inistration | | | |
| | 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-02523 | Building Name: Main Hospital Bu | uilding | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | | | | | | | |
| Obstetrical Ante/Postprtum | X Pharmaceutical | Emergency | X Central Plant | | | | | | | | | |
| Intermediate | X Dietetic | | | | | | | | | | | |
| Care Skilled Nursing | X Administration | Nuclear Medicine | X Support Services | | | | | | | | | |
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| eport Year: | 2014 11125 T | rinity Hospita | al | | Weaverville | | Page:18 of 30 |
|---|-------------------------------|-----------------------------|---|------------------------|---|-----------------------------|--|
| Report the final c equirements who per Section 1300 | ether by retrofit or by r | dings on the leeplacement a | nospital 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-02525 | Building Nan | ne: Security Addition | l | | | |
| Configuration: | N/A | | | | | | |
| Type of Servi | ce Provided | | | | | | |
| 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 | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | Ш | Support Services |

| port Year: | 2014 11125 | Trinity Hospit | tal | | Weaverville | | Page:19 of 30 |
|----------------|---------------------------|----------------|--------------------------|---|---|---|---------------------------|
| | vhether by retrofit or by | | | | ach building will comply be provided in each gen | | |
| Building Numbe | er: BLD-02526 | Building Na | me: 16-Bed Addition | 1 | | | |
| Configuration | n: N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | X | Anesthesia | X | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | Obstetrical | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | X | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | X | Support |
| | Skilled Nursing | | Administration | | | | Services |

| Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery | Trinity Hospital | Weaverville | Page:20 of 30 |
|--|--|-------------------|----------------|
| Configuration: N/A Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery | by retrofit or by replacement and the type of se | | |
| Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery | D-02527 Building Name: Lab and Ra | adiology Addition | |
| □ Nursing □ Surgical □ Obstetrical Cesarean/Deliv □ Rehabilitation Therapy □ IntensiveCare □ Anesthesia □ Obstetrical Recovery □ Renal Dialysis □ Pediatric/Adol escent ▼ Clinical Lab ▼ Newborn/ WellBaby □ Outpatient Surgery | A | | |
| IntensiveCare | vided | | |
| Pediatric/Adol escent Pediatric/Adol escent X Clinical Lab Recovery Renal Dialysis | g Surgical | | |
| Pediatric/Adol escent X Clinical Lab Newborn/ WellBaby Outpatient Surgery | veCare Anesthesia | | Renal Dialysis |
| Nursing Imaging WellBaby Surgery | I IXI Clinical Lab | Recovery | |
| Dharmana Misal | allic Imaging | | |
| Obstetrical ———————————————————————————————————— | | | |
| Dietetic Central Plant | Dietetic | Emergency | Central Plant |
| Intermediate Care Nuclear Medicine X Support Sandaga | ediate | Nuclear Medicine | X Support |
| Services Services Services | | | Services |

| port Year: | 2014 11125 7 | Trinity Hospit | al | | Weaverville | | Page:21 of 30 |
|---|-------------------------------|-----------------------------|---|---------------------------|---|-----------------------------|--|
| eport the final co quirements whe er Section 1300 | ether by retrofit or by r | 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 c | PC-5/NPC-4 or 5 are hospital building |
| uilding Number: | BLD-02528 | Building Na | me: Emergency Gen | erator Bui | lding | | |
| Configuration: | N/A | | | | | | |
| Type of Service | ce Provided | | | | | | |
| N | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| II | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant |
| II | ntermediate | | Dietetic | | Emergency | | Central Flam |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

| port Year: | 2014 11125 | Trinity Hospi | tal | | Weaverville | Page:22 of 30 |
|------------------|-------------------------------|---------------|--------------------------|-------------|---|---------------------------|
| | ether by retrofit or by | | | | ach building will comply be provided in each gen | |
| Building Number: | : BLD-02529 | Building Na | me: Connecting Cor | ridor Addit | ion | |
| Configuration: | N/A | | | | | |
| Type of Servi | ce Provided | | | | | |
| 1 | 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 | | | |
| | Ante/r Ostpitam | | Dietetic | | Emergency | Central Plant |
| | Intermediate Care | | | | Nuclear Medicine | Support |
| | Skilled Nursing | | Administration | | | Services |

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|-----------------|--|-------------------|------------------|--------|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Includ 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-02523 | Building Nan | ne: Ma | in Hospital Building | | | | | | |
| Туре | e of Service Prov | <u>rided</u> | | | | | | | | | |
| X | Nursing | Inpatient Beds | 25 | | 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 | X | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | | Emergency | X | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | | Nuclear Medicine | X | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 26 | X | Administration | | | | | | |
| | Total Beds this Building | | 51 | | | | | | | | |
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|-------------|---------------------------------|-------------------|---------------------|---------|---------------------------|------|-------------------------------|-------|---------------------------|
| | formation on t 5 per Section | | npatient beds by ty | pe of S | Service provided by build | ding | s that are classified as | SPC-2 | 2, SPC-3, SPC-4, |
| Building N | umber: BLD | 0-02526 | Building Name | 16- | -Bed Addition | | | | |
| Type of S | Service Provi | ided | | | | | | | |
| X Nur | sing | Inpatient Beds | 4 | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inte | ensiveCare | Inpatient Beds | 0 | X | Anesthesia | | | | |
| Ped | diatric/Adol ent | Inpatient Beds | 0 | | Clinical Lab | X | Obstetrical Recovery | | Renal Dialysis |
| | rchiatric sing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | stetrical e/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X | Emergency | | Central Plant |
| Inte Car | ermediate e | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | X | Support Services |
| Skill | led Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | al Beds this Iding | | 4 | | | | | | |
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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 |)-02527 | Building Nam | e: La | ab and Radiology Addit | ion | | | | | |
| Туре | e of Service Prov | rided | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | | Obstetrical Recovery | Re | enal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | | Newborn/ WellBaby | Ou Su | itpatient irgery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | | Emergency | Се | entral Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | X Su Se | pport rvices | | |
| | 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) | | | | | | | | | | |
| Buildi | ng Number: BLE | D-02528 | Building Nam | e: Er | mergency Generator B | uildin | g | | | | |
| Туре | of Service Prov | rided | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation erapy | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Re | enal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | Ou | utpatient urgery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | | Emergency | X Ce | entral Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | Su Se | pport rvices | | |
| | 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) BLD-02523 **Building Name:** Main Hospital Building **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 25 Inpatient Inpatient Inpatient Inpatient Inpatient 739 0 0 0 0 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 26 5320 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 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 0 Inpatient 0 Days Bed Bed Days 51 51

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