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 | vner and Year of Report per Section 130061(e) | |
|----------------------|---|--|
| Facility Number: | 11792 | |
| Facility Name: | Community Hospital of Long Beach | |
| Address: | 1720 Termino Ave. | |
| City: | Long Beach | |
| | | |
| Hospital Owner/Lic | See: Memorial Care Health System | |
| Year of Re | ting: 2014 | |
| Contact 1 e-mail A | ess: | |
| Contact 2 e-mail A | ess: | |
| Contact 3 e-mail Ad | ess:: | |
| Name of Sub | tter: Mark Shuck | |
| Submission | ate: 10/31/2014 10:08:55 AM | |
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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|--|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD- 01745 | Auditorium Addition | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01746 | North Addition & '64 Addn #1 | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01747 | Maint. & Loading Dock Canopy | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01749 | Hatfield Building | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01750 | 1964 Addition No. 2 | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01751 | 8/8A Elect Vault Bldg & Supply Bldg | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01752 | Emergency Generator Building | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 01754 | HVAC Equip. Bldg & Mechanical Room | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 03087 | 2/2A 1957 Addition & Elevator & Stair Addition | 1720 Termino Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |

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|---|------|-------|----------------------------------|------------|---------------|--|--|
| No data reported for Section 130061(c)(1)(C). | | | | | | | |
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|----------------------------|--|----------------------------------|----------------------------|------------------------|--|--|--|--|
| Provide the number of | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: BL | Building Number: BLD-01745 Building Name: Auditorium 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 | X Support Services | Outpatient Surgery | | | | |
| | beus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | | | | |
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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: BLD-0 | | Building Name | e: North | n Addition & | '64 Addn #1 | | |
| Type of Service Provide | <u> </u> | _ | | | | | |
| | | Inpatient Days | 0 | Surgio | cal | Obstetrica Recovery | ll |
| | npatient 0 eds | Inpatient Days | 0 | Anest | hesia | Newborn/ WellBaby | |
| | npatient 0 eds | Inpatient Days [| 0 | Clinica | al Lab | Emergend | cy |
| | npatient 0 eds | Inpatient Days [| 0 | Radio Imagir | logical/ ng | Nuclear Medicine | |
| | npatient 0 | Inpatient Days [| 0 | Pharm | naceutical | Rehabilita Therapy | tion |
| Intermediate In | npatient 0 eds | Inpatient Days [| 0 | X Admir | nistration | Renal Dia | |
| | npatient 15 eds | Inpatient Days [| 0 | Servic | ees | Surgery | |
| _ | Total Be Building | | 29 | Obste Cesar | trical ean/Deliv | Central Pl | ant |
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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: BL | Building Number: BLD-01747 Building Name: Maint. & Loading Dock Canopy | | | | | | | |
| 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 X Support | Renal Dialysis Outpatient | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Services | Surgery | | | | |
| | 2000 | Total Beds this Building | Obstetrical Cesarean/Deliv | X Central Plant | | | | |
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| Report | Year: 2014 | 11792 | Community Hospital of | Long Beach | | Long Beach | | Page:7 of 130 |
|-------------|--|-------------------|--------------------------|------------|--------------------|---------------------|------------------------|---------------|
| Prov | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | |
| | ling Number: BL | | Building Na | ame: | latfield Building | | | |
| <u>Type</u> | e of Service Prov | <u>rided</u> | | | | | | |
| X | Nursing | Inpatient Beds | 30 Inpatient Days | 3670 | Surgio | al | Obstetrica Recovery | |
| X | IntensiveCare | Inpatient Beds | 10 Inpatient Days | 0 | Anesth | nesia | Newborn/ WellBaby | |
| | Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Day | s 0 | Clinica | al Lab | Emergenc | У |
| | Psychiatric Nursing | Inpatient Beds | 0 Inpatient Day | vs 0 | X Radiol Imagin | logical/ ng | Nuclear Medicine | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Day | rs 0 | Pharm Dieteti | naceutical | Rehabilitat Therapy | ion |
| | Intermediate Care | Inpatient Beds | 0 Inpatient Day | s 0 | X Admin X Suppo | nistration | Renal Dial Outpatient | ysis |
| | Skilled Nursing | Inpatient Beds | 0 Inpatient Day | s 0 | Service | ees | Surgery | |
| | | 2000 | Total Beds this Building | 40 | Obstet Cesare | tricai ean/Deliv | Central Pla | ant |
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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: | | Building Name: 19 | 964 Addition No. 2 | | | | |
| | | | | Chatatrical | | | |
| 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 | Inpatient | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation | | | |
| Ante/Postprtu | | o impationic zayo o | Dietetic | ☐ Therapy | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | | | |
| Skilled Nursin | g Inpatient | 0 Inpatient Days 0 | X Support Services | Outpatient Surgery | | | |
| | Beds | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | | | |
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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: BLD-01751 Building Name: 8/8A Elect Vault Bldg & Supply Bldg Type of Service Provided | | | | | | | | | |
| <u>i ype oi</u> | 1 Service Provi | <u>iaea</u> | | | | ı — | | _ | . | |
| ∐ Ni | ursing | Inpatient Beds | 0 | Inpatient Days | 0 | Surgi | ical | | Obstetrical Recovery | |
| In | ntensiveCare | Inpatient Beds | 0 | Inpatient Days | 0 | Anes | thesia | | Newborn/ WellBaby | |
| | ediatric/Adol scent | Inpatient Beds | 0 | Inpatient Day | s 0 | Clinic | al Lab | | Emergency | , |
| | sychiatric lursing | Inpatient Beds | 0 | Inpatient Day | vs 0 | Radio Imagi | ological/ ing | | Nuclear Medicine | |
| | obstetrical nte/Postprtum | Inpatient Beds | 0 | Inpatient Day | vs 0 | Pharr | maceutical | | Rehabilitati Therapy | on |
| | ntermediate are | Inpatient Beds | 0 | Inpatient Day | vs 0 | Admii | nistration | | Renal Dialy Outpatient | vsis |
| Sł | killed Nursing | Inpatient Beds | 0 | Inpatient Day | vs 0 | Servi | ces | | Surgery | |
| | | | Total B Building | eds this | 0 | | etrical rean/Deliv | X | Central Pla | nt |
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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: BI | | Building Name: En | mergency Generator Building | | | | |
| Type of Service Prov | <u>viaea</u> | | I — | | | | |
| 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 | Emergence | / | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitat Therapy | ion | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration X Support | Renal Dial | ysis | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Services | Surgery | | | |
| | 2000 | Total Beds this Building | Obstetrical Cesarean/Deliv | X Central Pla | ant | | |
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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: BLD-01754 Building Name: HVAC Equip. Bldg & Mechanical Room Toward Carrier Burier Burier | | | | | | | |
| Type of Service P | <u>rovided</u> | | I | | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare | e Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Add escent | ol Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | 1 | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| Obstetrical Ante/Postprtu | Inpatient um Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitati Therapy | ion | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialy | ysis | | | |
| Skilled Nursir | ng Inpatient Beds | 0 Inpatient Days 0 | X Support Services | Outpatient Surgery | | | | |
| | Deus | Total Beds this Building | Obstetrical Cesarean/Deliv | X Central Pla | nnt | | | |
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|--------|--|-------------------|--------------------------|-----------|------------------|-----------------------|-------------------------|----------------|
| Prov | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | |
| Build | ling Number: BL | D-03087 | Building Nar | me: | 2/2A 1957 Addit | ion & Elevator & | Stair Addition | |
| Туре | of Service Prov | <u>rided</u> | | | | | | |
| X | Nursing | Inpatient Beds | 43 Inpatient Days | 5260 | X Surgi | ical | X Obstetrical Recovery | |
| X | IntensiveCare | Inpatient Beds | 20 Inpatient Days | 0 | X Anest | thesia | X Newborn/ WellBaby | |
| | Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days | 0 | X Clinic | cal Lab | Emergenc | / |
| X | Psychiatric Nursing | Inpatient Beds | 28 Inpatient Days | 8733 | X Radio Imagi | ological/ ing | X Nuclear Medicine | |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 13 Inpatient Days | 0 | X Pharm | maceutical | Rehabilitat Therapy | ion |
| | Intermediate Care | Inpatient Beds | 0 Inpatient Days | 0 | | nistration | Renal Dial | ysis |
| | Skilled Nursing | Inpatient Beds | 0 Inpatient Days | 0 | X Supposervio | ces | X Outpatient Surgery | |
| | | 2000 | Total Beds this Building | 104 | | etrical rean/Deliv | Central Pla | ant |
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Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:13 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01745 **Building Number: Building Name:** Auditorium 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

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:14 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01746 North Addition & '64 Addn #1 **Building Number: Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 15 Inpatient 0 Bed Days Days Bed Days Bed intensive Care Newborn **Pediatric Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 29 Inpatient 29 Inpatient Inpatient Inpatient Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:15 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01747 Maint. & Loading Dock Canopy **Building Number: Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:16 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01749 Hatfield Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 30 Inpatient 3670 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 40 Inpatient 10 Inpatient Inpatient 40 Inpatient Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:17 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01750 **Building Number: Building Name:** 1964 Addition No. 2 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:18 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 8/8A Elect Vault Bldg & Supply Bldg **Building Number:** BLD-01751 **Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:19 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01752 **Emergency Generator Building Building Number: Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:20 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) HVAC Equip. Bldg & Mechanical Room **Building Number:** BLD-01754 **Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:21 of 130 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 2/2A 1957 Addition & Elevator & Stair Addition **Building Number:** BLD-03087 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 8733 Inpatient 43 Inpatient 5260 Inpatient Inpatient 0 Inpatient 28 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 13 Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** 20 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 104 Inpatient Inpatient Inpatient 104 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-01745 | Auditorium Addition | Remove |
| BLD-01746 | North Addition & '64 Addn #1 | Remove |
| BLD-01747 | Maint. & Loading Dock Canopy | Remove |
| BLD-01748 | South Wing | Remain |
| BLD-01749 | Hatfield Building | Remove |
| BLD-01750 | 1964 Addition No. 2 | Remove |
| BLD-01751 | 8/8A Elect Vault Bldg & Supply Bldg | Remove |
| BLD-01752 | Emergency Generator Building | Remove |
| BLD-01754 | HVAC Equip. Bldg & Mechanical Room | Remove |
| BLD-01757 | Ambulatory Services | Remain |
| BLD-02673 | Heart Room Addition | Remain |
| BLD-03087 | 2/2A 1957 Addition & Elevator & Stair Addition | Remove |
| BLD-03141 | Original Building (Loggia) | Remain |
| BLD-03143 | Original Building (North Wing) | Remain |
| BLD-03144 | Original Building (South Wing) | Remain |
| BLD-03145 | Original Building (Central Wing) | Remain |
| BLD-03146 | 9/9A Laundry Building -Trash Canopy | Remain |

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|----------------|--------------|--------------|----------------------------------|------------|----------------|
| No proposed no | ew buildings | to be consti | ructed at this or another site. | | |
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| Report Ye | ear: 2014 | 11/92 | Community Hospital o | of Long Beach | L | ong Beach | | Page:24 of 130 | |
|--|---|---------------|--------------------------|---------------|-------------------------------|------------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for eplaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 1745 | Auditorium | Addition | | Removal Date: | 07/01/2019 |] | |
| Planned I | Uses for the build | ing to be ren | noved from acute care | e service: | | | | | |
| | | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in | the building: | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | , | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | D 15:1 : | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | Ш | Renal Dialysis | 3 | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | , | | Central Plant | | |
| | Intermediate Care | | Dietetic | _ | Emergency | | Contrair | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital c | of Long Beach | Lo | ong Beach | | Page:25 of 130 | |
|--|---|-----------------|--------------------------|--------------------|-------------------------------|------------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 1746 | North Addi | ition & '64 Addn # | 1 | Removal Date: | 07/01/2019 |] | |
| Planned l | Jses for the buildir | ng to be remov | ved from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in th | e building: | | Q 1 | | 5 1 1 111 21 | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Ш | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstatrical | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | Ш | Renal Dialysis | ; | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | Lineigency | | | | |
| X | Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital c | of Long Beach | Lc | ong Beach | | Page:26 of 130 | |
|--|--|-----------------|--------------------------|-----------------|-------------------------------|----------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 1747 | Maint. & Lo | oading Dock Can | ору | Removal [Date: | 07/01/2019 |] | |
| Planned l | Jses for the building | ng to be remov | ved from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> : | services currently | delivered in th | e building: | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | Ш | Renal Dialysis | ; | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | Lineigency | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital o | of Long Beach | L | ong Beach | | Page:27 of 130 | |
|--|--|-----------------|--------------------------|-----------------|-------------------------------|-----------|---------------------------|----------------|--|
| The proje replaced The plant replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 01749 | Hatfield Bu | uilding | | Removal (| 07/01/2019 |] | |
| Planned l | Jses for the build | ing to be remov | ved from acute care | service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: [| | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> : | services currently | delivered in th | e building: | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | , | Rehabilitation Therapy | | |
| X | IntensiveCare | | Anesthesia | | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | Ш | Obstetrical Recovery | | Renal Dialysis | • | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| | Intermediate Care | | Dietetic | | Emergency | | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11/92 Co | mmunity Hospital o | t Long Beach | Lo | ong Beach | | Page:28 of 130 | |
|--|---|-----------------|--------------------------|---------------|-------------------------------|---------------|---------------------------|----------------|--|
| The proje replaced The pland replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for eplaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building I | Number: BLD-0 | 01750 | 1964 Addit | tion No. 2 | | Removal Date: | 07/01/2019 |] | |
| Planned I | Uses for the build | ing to be remov | ved from acute care | service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in th | e building: | | | | | | |
| | Nursing | | Surgical | Ш | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | Ш | Obstetrical Recovery | | Renal Dialysis | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | - 3 | _ | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital c | of Long Beach | Lo | ong Beach | | Page:29 of 130 | |
|--|---|-----------------|--------------------------|------------------|-------------------------------|------------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0° | 1751 | 8/8A Elect | Vault Bldg & Sup | oply Bldg | Removal Date: | 07/01/2019 |] | |
| Planned l | Jses for the buildir | ng to be remov | ed from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in th | e building: | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | Ш | Renal Dialysis | i | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | Lineigency | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital c | of Long Beach | Lo | ong Beach | | Page:30 of 130 | |
|--|--|-----------------|--------------------------|-------------------|-------------------------------|------------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 1752 | Emergenc | y Generator Build | ling | Removal Date: | 07/01/2019 |] | |
| Planned l | Jses for the buildi | ng to be remov | ved from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in th | e building: | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | Ш | Renal Dialysis | i | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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|--|--|-----------------|--------------------------|-------------------|-------------------------------|----------------|---------------------------|----------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 1754 | HVAC Equ | uip. Bldg & Mecha | anical Room | Removal [Date: | 07/01/2019 |] | |
| Planned l | Jses for the building | ng to be remov | ved from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | | | | | |
| | Other Usage: | TBD | | | | | | | |
| <u>Inpatient</u> | services currently | delivered in th | e building: | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | Ш | Renal Dialysis | ; | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant | | |
| | Intermediate Care | | Dietetic | | Lineigency | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
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| Report Ye | ear: 2014 | 11792 Co | mmunity Hospital o | of Long Beach | I | Long Beach | | Page:32 of 130 | |
|--|---|-----------------|--------------------------|------------------|------------------------------|------------------|---------------------------|----------------|--|
| The proje replaced The plant replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-0 | 3087 | 2/2A 1957 Addition | Addition & Eleva | tor & Stair | Removal Date: | 07/01/2019 |] | |
| Planned l | Jses for the build | ing to be remov | ed from acute care | e service: | | | | | |
| Planned | use for building: | Other | | Jurisdiction: | |] | | | |
| | Other Usage: | TBD | | | | | | | |
| Inpatient | services currently | delivered in th | e building: | | | | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deli | iv | Rehabilitation Therapy | | |
| X | IntensiveCare | X | Anesthesia | × | Obstetrical | | | | |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | Ш | Renal Dialysis | | |
| X | Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery | | |
| X | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | X | Central Plant | | |
| | Intermediate Care | | Dietetic | | | | | | |
| | Skilled Nursing | X | Administration | X | Nuclear Medicine | X | Support Services | | |
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|--|--|---|----------------|
| Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 2011 and | 2012 for buildings to be remove | d from acute |
| Building Nbr: BLD-01745 Building Name: | Auditorium Addition | Year of Information: 2011 | |
| Unit Type | Ir | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Coronary Care | Chemical Dependency | Total Beds this | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 |
| Bays | Days | Total Beds this Building per Service | 0 |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:34 of 130 | | | |
|---|---------------------------------|---|----------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01745 Building Name: | Auditorium Addition | Year of Information: 2012 | | | | |
| Unit Type | ı | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | | | |
| ,- | 2000 | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:35 of 130 | | | |
|---|---------------------------------|---|----------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01745 Building Name: | Auditorium Addition | Year of Information: 2013 | | | | |
| Unit Type | ı | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| ,- | 2000 | Total Beds this Building per Service | 0 | | | |
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|---|---------------------------------|---|----------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01746 Building Name: | North Addition & '64 Addn #1 | Year of Information: 2011 | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| 20,0 | 20,0 | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 11792 Commi | unity Hospital of Long Beach | ong Beach | Page:37 of 130 | |
|---|---------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01746 Building Name: | North Addition & '64 Addn #1 | Year of Information: 2012 | 2 | |
| Unit Type | li di | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 14 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 15 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | 29 | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 23 | |
| · | · | Total Beds this Building per Service | 29 | |
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|---|---------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01746 Building Name: | North Addition & '64 Addn #1 | Year of Information: 2013 | | |
| Unit Type | lı | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 14 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 15 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | 20 | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 29 | |
| .,, | | Total Beds this Building per Service | 29 | |
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|---|---------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01747 Building Name: | Maint. & Loading Dock Canopy | Year of Information: 2011 | | |
| Unit Type | | Information Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | |
| ,- | 24,0 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commi | unity Hospital of Long Beach | Long Beach | Page:40 of 130 | |
|---|---|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01747 Building Name: | Maint. & Loading Dock Canopy | Year of Information: 2012 | | |
| Unit Type | | Information Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:41 of 130 | |
|---|---------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01747 Building Name: | Maint. & Loading Dock Canopy | Year of Information: 2013 | | |
| Unit Type | | Information Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | |
| ,- | 24,0 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | ong Beach | Page:42 of 130 | |
|---|--------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01749 Building Name: | Hatfield Building | Year of Information: 2011 | | |
| Unit Type | - In | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | |
| | 2000 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commi | unity Hospital of Long Beach | Long Beach | Page:43 of 130 | |
|---|---|--------------------------------------|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01749 Building Name: | Hatfield Building | Year of Information: 2012 | | |
| Unit Type | | Information Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 30 Patient 4660 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care Inpatient 10 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 40 | |
| Beds Days | Beds Days | Total Beds this | | |
| | | Building per Service | 40 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:44 of 130 | |
|---|--------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01749 Building Name: | Hatfield Building | Year of Information: 2013 | | |
| Unit Type | ı | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 30 Patient 6869 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | 40 | |
| Inpatient 10 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 40 | |
| | _5,0 | Total Beds this Building per Service | 40 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:45 of 130 | |
|---|--------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01750 Building Name: | 1964 Addition No. 2 | Year of Information: 2011 | | |
| Unit Type | ı | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | |
| | 2000 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:46 of 130 | |
|---|--------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01750 Building Name: | 1964 Addition No. 2 | Year of Information: 2012 | | |
| <u>Unit Type</u> | ı | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | 0 | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | |
| | _5,0 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:47 of 130 | |
|---|--------------------------------|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01750 Building Name: | 1964 Addition No. 2 | Year of Information: 2013 | | |
| <u>Unit Type</u> | ı | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | 0 | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | |
| | _5,0 | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | ong Beach | Page:48 of 130 | |
|---|---|---|----------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | |
| Building Nbr: BLD-01751 Building Name: | 8/8A Elect Vault Bldg & Supply Bldg | Year of Information: 2011 | | |
| Unit Type | - I | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Page:49 of 130 | | | | | |
|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01751 Building Name: | 8/8A Elect Vault Bldg & Supply Bldg | Year of Information: 2012 | | | | | |
| Unit Type | | nformation Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Page:50 of 130 | | | | | |
|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01751 Building Name: | 8/8A Elect Vault Bldg & Supply Bldg | Year of Information: 2013 | | | | | |
| Unit Type | ı | nformation Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01752 Building Name: | Emergency Generator Building | Year of Information: 2011 | | | | | |
| Unit Type | ı | nformation Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01752 Building Name: | Emergency Generator Building | Year of Information: 2012 | | | | | |
| Unit Type | | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Long Beach | Page:53 of 130 | | | | |
|---|---|---|----------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01752 Building Name: | Emergency Generator Building | Year of Information: 2013 | 3 | | | | |
| Unit Type | | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this | 0 | | | | |
| Beds Days | Beds Days | Building per Unit | | | | | |
| | | Total Beds this Building per Service | 0 | | | | |
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|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01754 Building Name: | HVAC Equip. Bldg & Mechanical Room | Year of Information: 2011 | | | | | |
| Unit Type | ı | nformation Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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| Report Year: 2014 11792 Commu | unity Hospital of Long Beach | Page:55 of 130 | | | | | |
|---|---|---|-------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nbr: BLD-01754 Building Name: | HVAC Equip. Bldg & Mechanical Room | Year of Information: 2012 | | | | | |
| Unit Type | ı | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | | |
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| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01754 Building Name: | HVAC Equip. Bldg & Mechanical Room | Year of Information: 2013 | 3 | | | | |
| <u>Unit Type</u> | | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | | |
| Beds Days | Beds Days | Total Beds this | | | | | |
| | | Building per Service | 0 | | | | |
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| Report Year: 2014 11792 Commi | unity Hospital of Long Beach | Long Beach | Page:57 of 130 | | | |
|---|--|---|----------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-03087 Building Name: | 2/2A 1957 Addition & Elevator & Stair Addition | n Year of Information: 2011 | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | 0 | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| · | · | Total Beds this Building per Service | 0 | | | |
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Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:58 of 130 Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Building Nbr: BLD-03087 **Building Name:** 2/2A 1957 Addition & Elevator & Stair Addition Year of Information: 2012 Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) 28 Inpatient 43l Patient 1513 Inpatient 0 Patient 0 Inpatient Patient 5388 Days Beds **Beds** Days Beds Days Perinatal (exclude Neborn/GYN) **Skilled Nursing** Burn ol Inpatient 13 Patient Inpatient 0 Patient 0 Inpatient 0 Patient 0 Beds Beds Days Beds Days Days **Pediatric Intensive Care Newborn Nursery Intermediate Care** Inpatient Patient 20 Patient Patient 0 0 Inpatient Inpatient 0 Days **Beds** Days Beds **Beds** Days Int. Care/Developmentally Disabled **Intensive Care Rehabilitation Center** Inpatient 0 Patient 0 0 Patient 0 ol Patient 0 Inpatient Inpatient **Beds** Days Beds Days Beds Days **Chemical Dependency Coronary Care Total Beds this** 104 Inpatient 0 Patient 0 Inpatient 0 Patient 0 **Building per Unit** Beds Days Beds Days **Total Beds this** 104 **Building per Service**

| Report Year: 2014 11792 Commo | unity Hospital of Long Beach | ong Beach | Page:59 of 130 |
|--|--|---|----------------|
| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 2011 and | d 2012 for buildings to be remove | d from acute |
| Building Nbr: BLD-03087 Building Name: | 2/2A 1957 Addition & Elevator & Stair Addition | Year of Information: 2013 | |
| Unit Type | lı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 43 Patient 2710 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 28 Patient Days | 7372 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 13 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Days | Inpatient 20 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Coronary Care | Chemical Dependency | Total Beds this | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 104 |
| Deus Days | Days | Total Beds this Building per Service | 104 |
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| Report Year: 201 | 14 11792 Comm | unity Hospital of Long Bead | ch Lo | ong Beach | Page:60 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD- | 01745 Building Name: | Auditorium Addition | | Year of Information: | 2011 | |
| Type of Services Provided | ivame. | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | <u> </u> | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | I Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this E | Building per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | th L | Long Beach | Page:61 of 130 | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of from acute care servi | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | |
| Building Nbr: BLD-0 | D1745 Building Name: | Auditorium Addition | | Year of Information: | 2012 | |
| Type of Services Provided | raine. | | ı | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this B | uilding per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | ch L | Long Beach | Page:62 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | D1745 Building Name: | Auditorium Addition | | Year of Information: | 2013 | |
| Type of Services Provided | raine. | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | ١ | | |
| Total Beds this B | uilding per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | h L | Long Beach | Page:63 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | D1746 Building Name: | North Addition & '64 Addı | า #1 | Year of Information: | 2011 | |
| Type of Services Provided | | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | ١ | | |
| Total Beds this B | uilding per service | 0 | | | | |
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| Report Year: 2014 11792 Comm | unity Hospital of Long Beac | Lo | ng Beach | Page:64 of 130 | | |
|--|-----------------------------|--------------------------|------------------------------|---------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01746 Building Name: | North Addition & '64 Addr | #1 | Year of Information: | 2012 | | |
| Type of Services Provided | , | | nformation Current As Of: | | | |
| X Nursing Inpatient 14 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical | Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear [| X Support Services | | |
| X Skilled Nursing Inpatient 15 Beds | Patient 0 Days | X Administration | | | | |
| Total Beds this Building per service | 29 | | | | | |
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| Report Year: 2014 11792 Comm | unity Hospital of Long Beac | Lo | ng Beach | Page:65 of 130 | | |
|--|-----------------------------|--------------------------|------------------------------|---------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01746 Building Name: | North Addition & '64 Addr | #1 | Year of Information: | 2013 | | |
| Type of Services Provided | , | | nformation Current As Of: | | | |
| X Nursing Inpatient 14 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | _ | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical | Emergency [| Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear [Medicine | X Support Services | | |
| X Skilled Nursing Inpatient 15 Beds | Patient 0 Days | X Administration | | | | |
| Total Beds this Building per service | 29 | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | th L | Long Beach | Page:66 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | 01747 Building Name: | Maint. & Loading Dock Co | anopy | Year of Information: | 2011 | |
| Type of Services Provided | ruins. | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this B | Building per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | ch [| Long Beach | Page:67 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | 01747 Building Name: | Maint. & Loading Dock Co | anopy | Year of Information: | 2012 | |
| Type of Services Provided | . taile. | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Tronai Diaiyoto | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | X Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this B | Building per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | ch [| Long Beach | Page:68 of 130 | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | D1747 Building Name: | Maint. & Loading Dock Co | anopy | Year of Information: | 2013 | |
| Type of Services Provided | | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Tronai Biaryoto | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | X Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this B | suilding per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | ch L | Long Beach | Page:69 of 130 | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-0 | D1749 Building Name: | Hatfield Building | | Year of Information: | 2011 | |
| Type of Services Provided | raine. | | | Information Current As Of: | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | 3 5.1.1333 | |
| Total Beds this B | uilding per service | 0 | | | | |
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| Report Year: 2014 11792 Con | munity Hospital of Long Bea | Ch | ong Beach | Page:70 of 130 | | |
|--|-----------------------------|----------------------------|-----------------------------|------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01749 Building Name: | Hatfield Building | | Year of Information: | 2012 | | |
| Type of Services Provided | | | Information Current As Of: | | | |
| X Nursing Inpatient 3 | Patient 4660 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X IntensiveCare Inpatient 1 | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | |
| Pediatric/Adol Inpatient escent Beds | Patient 0 Days | Clinical Lab | Recovery | , | | |
| Psychiatric Inpatient Nursing Beds | Patient 0 Days | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical | Emergency | Central Plant | | |
| Intermediate Inpatient Care Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient Beds | Patient 0 Days | X Administration | | | | |
| Total Beds this Building per service | 40 | | | | | |
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| Report Year: 2014 11792 | Community Hospital of Long Bea | Lo | ong Beach | Page:71 of 130 | | |
|--|--------------------------------|----------------------------|-------------------------------|------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-01749 Buildin Name | | | Year of Information: | 2013 | | |
| Type of Services Provided | · | | Information Current As Of: | | | |
| X Nursing Inpatient Beds | 30 Patient 6869 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X IntensiveCare Inpatient Beds | 10 Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | |
| Pediatric/Adol Inpatient escent Beds | 0 Patient 0 Days | Clinical Lab | Recovery | | | |
| Psychiatric Inpatient Nursing Beds | 0 Patient 0 Days | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Patient 0 Days | Pharmaceutical | I Emergency | Central Plant | | |
| Intermediate Inpatient Care Beds | 0 Patient 0 Days | Dietetic | Nuclear [Medicine | X Support Services | | |
| Skilled Nursing Inpatient Beds | 0 Patient 0 Days | X Administration | | | | |
| Total Beds this Building per serv | vice 40 | | | | | |
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| Report Year: 2014 | 11792 Commu | nity Hospital of Long Beac | h | Long Beach | Page:72 of 130 | |
|--|----------------------|----------------------------|--------------------------|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
| Building Nbr: BLD-017 | 50 Building Name: | 1964 Addition No. 2 | | Year of Information: | 2011 | |
| Type of Services Provided | | | | Information Current As Of: | | |
| Nursing In | patient 0 eds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | patient 0 eds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| | patient 0 eds | Patient 0 Days | Clinical Lab | Recovery | | |
| Psychiatric In Nursing Be | patient 0 eds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| | patient 0 eds | Patient 0 Days | Pharmaceution | cal Emergency | Central Plant | |
| Intermediate In Care Be | eds 0 | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing In | eds 0 | Patient 0 Days | Administration | า | | |
| Total Beds this Build | ling per service | 0 | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | ch [| Long Beach | Page:73 of 130 | | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of from acute care servi | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | 01750 Building Name: | 1964 Addition No. 2 | | Year of Information: | 2012 | | | | |
| Type of Services Provided | radito. | | | Information Current As Of: | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear [| X Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | X Administration | | | | | | |
| Total Beds this B | suilding per service | 0 | | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Bead | Lo | ng Beach | Page:74 of 130 | | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|------------------------|--|--|--|--|
| Provide the number of from acute care servi | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1750 Building Name: | 1964 Addition No. 2 | | Year of Information: | 2013 | | | | |
| Type of Services Provided | rame. | | | nformation Current As Of: | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Renal Dialysis | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutical | Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | X Administration | | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | ch I | Long Beach | Page:75 of 130 | | | |
|--|----------------------|-----------------------------|--------------------------|----------------------------|------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1751 Building Name: | 8/8A Elect Vault Bldg & S | Supply Bldg | Year of Information: | 2011 | | | |
| Type of Services Provided | | | 1 | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | า | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | h | Long Beach | Page:76 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|----------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1751 Building Name: | 8/8A Elect Vault Bldg & S | Supply Bldg | Year of Information: | 2012 | | | |
| Type of Services Provided | | | • | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | _ | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceution | cal Emergency | X Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | า | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | ch l | Long Beach | Page:77 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | 01751 Building Name: | 8/8A Elect Vault Bldg & S | Supply Bldg | Year of Information: | 2013 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Tronai Diaiyoto | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | X Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | Building per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Commu | unity Hospital of Long Beac | ch L | Long Beach | Page:78 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1752 Building Name: | Emergency Generator Bu | ıilding | Year of Information: | 2011 | | | |
| Type of Services Provided | . Kaine. | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Notice Dialysis | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | cal Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | suilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Commu | unity Hospital of Long Beac | th I | Long Beach | Page:79 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|----------------------------|------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1752 Building Name: | Emergency Generator Bu | uilding | Year of Information: | 2012 | | | |
| Type of Services Provided | | | • | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | X Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | า | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | ch L | Long Beach | Page:80 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|----------------------------|------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1752 Building Name: | Emergency Generator Bu | uilding | Year of Information: | 2013 | | | |
| Type of Services Provided | | | ī | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | X Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | n | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Commi | unity Hospital of Long Beac | ;h L | Long Beach | Page:81 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1754 Building Name: | HVAC Equip. Bldg & Med | chanical Room | Year of Information: | 2011 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | h L | Long Beach | Page:82 of 130 | | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of from acute care servi | Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1754 Building Name: | HVAC Equip. Bldg & Med | chanical Room | Year of Information: | 2012 | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | <u> </u> | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | X Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Beac | ch L | Long Beach | Page:83 of 130 | | | |
|--|-------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D1754 Building Name: | HVAC Equip. Bldg & Med | chanical Room | Year of Information: | 2013 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Nortal Dialyois | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | X Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 4 11792 Comm | unity Hospital of Long Bead | ch | Long Beach | Page:84 of 130 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | | |
| Building Nbr: BLD-0 | D3087 Building Name: | 2/2A 1957 Addition & Ele | vator & Stair Additio | Year of Information: | 2011 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceution | cal Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administratio | | 33.11333 | | | |
| Total Beds this B | suilding per service | 0 | | | | | | |
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| Report Year: | 2014 | 11792 | Commi | unity Hospi | tal of Long Beac | h | L | ong Bea | ach | | Page:85 of 130 |
|------------------------------------|------------|------------------|--------|-----------------|--------------------|---------|--------------------------|----------------|-------------------------------|---------|---------------------------|
| Provide the number from acute care | | | | | er type of service | e for t | he year of 2010 | 0, 2011 | and 2012 for build | lings t | to be removed |
| Building Nbr: | BLD-0308 | 87 Build | | 2/2A 195 | 7 Addition & Ele | vator | & Stair Addition | n | Year of Information | : 20′ | 12 |
| Type of Service Provided | <u>es</u> | | | | | _ | | Informa Of: | ation Current As | | |
| X Nursing | | patient [| 43 | Patient Days | 1513 | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X IntensiveC | | patient [eds | 20 | Patient Days | 0 | X | Anesthesia | X | Obstetrical | П | Renal Dialysis |
| Pediatric/A escent | | patient [eds | 0 | Patient Days | 0 | X | Clinical Lab | Λ | Recovery | Ш | rendi Didiyas |
| X Psychiatric Nursing | | patient [eds | 28 | Patient Days | 5388 | X | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| X Obstetrical Ante/Postp | | patient [eds | 13 | Patient Days | 0 | X | Pharmaceutica | al 🗌 | Emergency | | Central Plant |
| Intermedia Care | | patient [eds | 0 | Patient Days | 0 | | Dietetic | X | Nuclear Medicine | X | Support Services |
| Skilled Nur | | patient [eds | 0 | Patient Days | 0 | X | Administration | | | | |
| Total Beds | this Build | ing per se | ervice | 104 | | | | | | | |
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| Report Year: 2014 11792 | ommunity Hospital of Long Bead | Long Beach | Page:86 of 130 |
|---|--------------------------------|---|-------------------------|
| Provide the number of inpatient beds a from acute care services per Section 1 | | e for the year of 2010, 2011 and 2012 for build | ings to be removed |
| Building Nbr: BLD-03087 Building Name: | 2/2A 1957 Addition & Ele | evator & Stair Addition Year of Information: | 2013 |
| Type of Services Provided | | Information Current As Of: | |
| X Nursing Inpatient Beds | 43 Patient 2710 Days | X Surgical X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X IntensiveCare Inpatient Beds | 20 Patient 0 Days | X Anesthesia X Obstetrical | Renal Dialysis |
| Pediatric/Adol Inpatient escent Beds | 0 Patient 0 Days | X Clinical Lab Recovery | |
| X Psychiatric Inpatient Nursing Beds | 28 Patient 7372 Days | X Radiological/ X Newborn/ Imaging WellBaby | X Outpatient Surgery |
| X Obstetrical Inpatient Ante/Postprtum Beds | 13 Patient 0 Days | X Pharmaceutical Emergency | Central Plant |
| Intermediate Inpatient Care Beds | 0 Patient 0 Days | Dietetic X Nuclear Medicine | X Support Services |
| Skilled Nursing Inpatient Beds | 0 Patient 0 Days | X Administration | |
| Total Beds this Building per service | 104 | | |
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| Report Year: 20 | 11792 | Community Hospital o | f Long Beach | Long Beach | Page:87 of 130 |
|------------------------|---------------------|--------------------------|---------------------------------------|--|--------------------------|
| No data reported for v | whether the general | al acute care services a | and beds will be relocated to a | new, existing or retrofitted building a ebuild" or "Replace" per Section 130 | and any 0061(c)(2)(F) |
| oonooponanig banani | g choo of project i | .age | initia Ballallig (1888)alloli oli ili | obalia di Ropiado poi doction rec | (0)(2)(2) |
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Report Year: Community Hospital of Long Beach Long Beach 11792 Page:88 of 130 2014 Data retrieval failed for the subreport, 'Subreport6', located at: /SB499Report/Section2ERemove. Please check the log files for more information.

| port any general Section 130061 | acute care hospital inpa | atient service th | nat is provided in any | genaral | acute care hospital | building t | hat is rated SPC-1 |
|------------------------------------|--------------------------|-------------------|-------------------------|---------|-------------------------------|------------|---------------------------|
| lding Number: | BLD-01745 Buildir | ng Name: Au | uditorium Addition | | | | |
| Type of Service | Provided | | | | | | 5 1 1 1 1 1 1 |
| | | | Surgical | | Obstetrical Cesarean/Deliv | Ш | Rehabilitation Therapy |
| | Nursing | | Anesthesia | | | | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | | | Outpatient |
| | escent | | Radiological/ | Ш | Newborn/ WellBaby | Ш | Surgery |
| | Psychiatric Nursing | | Imaging Pharmaceutical | | Emergency | | Central Plant |
| | Obstetrical | | Pharmaceutical | | Linergency | | Central Plant |
| | Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | Support Services |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | | | | | |
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| Report Year: | 201 | 11792 | Commi | unity Hospital | of Long Beach | | Long Beach | | Page:90 o | f 130 |
|-------------------------------|---------|-------------------------------|-----------|-----------------|--------------------------|-----------|-------------------------------|------------|---------------------------|-------|
| Report any g per Section 1 | | | tal inpat | ient service th | nat is provided in any | genaral : | acute care hospital | building t | hat is rated SPC-1 | |
| Building Num | nber: | BLD-01746 | Building | g Name: No | orth Addition & '64 A | ddn #1 | | | | |
| Type of S | Service | Provided | | | | | | | | |
| | | | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | X | Nursing | | | Anesthesia | | | | 5 15:1 : | |
| | | IntensiveCare | | | | Ш | Obstetrical Recovery | | Renal Dialysis | |
| | | Pediatric/Adol escent | | | Clinical Lab | | Newborn/ | | Outpatient Surgery | |
| | П | Psychiatric | | | Radiological/ Imaging | | WellBaby | | | |
| | _ | Nursing | | | Pharmaceutical | | Emergency | | Central Plant | |
| | | Obstetrical Ante/Postprtum | 1 | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | | Intermediate Care | | X | Administration | | | | | |
| | X | Skilled Nursing | | | | | | | | |
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| port Year: 201 Report any general er Section 130061 | acute care hospital | inpatient service the | of Long Beach nat is provided in any | genaral | Long Beach acute care hospital | building t | Page:91 of 13 | 30 |
|---|-------------------------------|-----------------------|---|---------|--------------------------------|------------|---------------------------|----|
| Building Number: | | ilding Name: M | aint. & Loading Dock | Canopy | | | | _ |
| Type of Service | e Provided | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | B 18:1 : | |
| | IntensiveCare | | | Ш | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | П | Newborn/ | | Outpatient Surgery | |
| | Psychiatric | | Radiological/ Imaging | | WellBaby | | | |
| | Nursing | | Pharmaceutical | | Emergency | X | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | Intermediate Care | | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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| Report Year: 201 | 4 11792 Comm | nunity Hospital of Long Bea | ach | Long Beach | | Page:92 of 130 |
|---------------------------------------|-------------------------------|-------------------------------|----------------------|-------------------------------|--------------------|-----------------|
| Report any general per Section 130061 | | tient service that is provide | ed in any genaral ac | cute care hospital bui | ilding that is rat | ed SPC-1 |
| Building Number: | BLD-01749 Buildin | g Name: Hatfield Buildi | ng | | | |
| Type of Service | Provided | | | | | |
| | | Surgical | | Obstetrical Cesarean/Deliv | Rehab Therap | ilitation by |
| X | Nursing | Anesthesia | | | □ Denel | Dialysis |
| X | IntensiveCare | Clinical La | | Obstetrical Recovery | Kenai | Dialysis |
| | Pediatric/Adol escent | X Radiologic | | Newborn/ VellBaby | Outpat Surger | |
| | Psychiatric Nursing | Imaging Pharmace | | Emergency | Centra | l Plant |
| | Obstetrical Ante/Postprtum | Dietetic | | luclear /ledicine | X Suppo Service | rt es |
| | Intermediate Care | X Administra | ation | | | |
| | Skilled Nursing | | | | | |
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| Report Year: 20 | 14 11792 C | ommunity Hospital | of Long Beach | | Long Beach | | Page:93 of | 130 |
|--|-------------------------------|----------------------|--------------------------|-----------|-------------------------------|------------|---------------------------|-----|
| Report any genera per Section 13006 | | inpatient service th | nat is provided in any | genaral a | acute care hospital | building t | hat is rated SPC-1 | |
| Building Number: | BLD-01750 Bu | uilding Name: 19 | 964 Addition No. 2 | | | | | |
| Type of Servic | e Provided | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | B 18:1 : | |
| | IntensiveCare | | | Ш | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Newborn/ | | Outpatient Surgery | |
| П | Psychiatric | | Radiological/ Imaging | | WellBaby | | | |
| | Nursing | | Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | Intermediate Care | X | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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| 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: BLD-01751 Building Name: 8/8A Elect Vault Bldg & Supply Bldg Type of Service Provided Surgical Obstetrical Rehabilitation Therapy Anesthesia Obstetrical Recovery IntensiveCare Obstetrical Recovery Pediatric/Adol escent Radiological/ Imaging Psychiatric | 94 of 130 |
|---|-----------|
| Type of Service Provided Surgical Obstetrical Rehabilitation Therapy Anesthesia Obstetrical Renal Dialysis IntensiveCare Obstetrical Recovery Pediatric/Adol escent Outpatient Surgery Radiological/ Imaging Psychiatric | 1 |
| Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy Anesthesia Obstetrical Recovery IntensiveCare Obstetrical Recovery Pediatric/Adol escent Outpatient Surgery Radiological/ Imaging Psychiatric | |
| Nursing Anesthesia Obstetrical Recovery Pediatric/Adol escent Psychiatric Radiological/ Imaging Nursing Anesthesia Obstetrical Recovery Renal Dialysis Outpatient Surgery | |
| Anesthesia IntensiveCare Pediatric/Adol escent Radiological/ Imaging Anesthesia Obstetrical Recovery Clinical Lab Newborn/ WellBaby Newborn/ WellBaby | |
| IntensiveCare | |
| Pediatric/Adol escent Radiological/ WellBaby Psychiatric Pediatric/Adol Outpatient Surgery Newborn/ WellBaby | |
| Psychiatric | |
| | |
| Nursing Pharmaceutical Emergency X Central Plant | |
| Obstetrical Ante/Postprtum Dietetic Nuclear Medicine X Support Services | |
| Intermediate Care Administration | |
| Skilled Nursing | |
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| eport Year: 201 | 11792 | Community Hospital | of Long Beach | | Long Beach | | Page:95 of | 130 |
|---------------------------------------|-------------------------------|-------------------------|--------------------------|-----------|-------------------------------|------------|---------------------------|-----|
| Report any general per Section 130061 | | al inpatient service th | nat is provided in any | genaral a | acute care hospital | building t | hat is rated SPC-1 | |
| Building Number: | BLD-01752 B | Building Name: Er | mergency Generator | Building | | | | |
| Type of Service | Provided | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | B 18:1 : | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Newborn/ | | Outpatient Surgery | |
| П | Psychiatric | | Radiological/ Imaging | | WellBaby | | | |
| | Nursing | | Pharmaceutical | | Emergency | X | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | Intermediate Care | | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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| port Year: | 201 | | | | of Long Beach | | Long Beach | la colladia act | Page:96 o | f 130 |
|---------------|--------|-------------------------------|-----------|------------------|--------------------------|-----------|-------------------------------|-----------------|---------------------------|-------|
| er Section 13 | | | tai inpat | tient service tr | at is provided in any | genarai | acute care nospitai | building t | nat is rated SPC-1 | |
| uilding Numb | oer: | BLD-01754 | Building | y Name: H | /AC Equip. Bldg & M | 1echanica | l Room | | | |
| Type of Se | ervice | Provided | | | | | | | | |
| | | | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | | Nursing | | | Anesthesia | | | | December 1 | |
| | | IntensiveCare | | | | Ш | Obstetrical Recovery | | Renal Dialysis | |
| | | Pediatric/Adol escent | | | Clinical Lab | | Newborn/ | | Outpatient Surgery | |
| | | Psychiatric | | | Radiological/ Imaging | | WellBaby | | | |
| | | Nursing | | | Pharmaceutical | | Emergency | X | Central Plant | |
| | | Obstetrical Ante/Postprtum | 1 | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | | Intermediate Care | | | Administration | | | | | |
| | | Skilled Nursing | | | | | | | | |
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| eport Year: 201 | | mmunity Hospital | | | Long Beach | la celladia act | Page:97 of | 130 |
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| Report any general per Section 130061 | | npatient service th | nat is provided in any | genarai | acute care hospital | building t | hat is rated SPC-1 | |
| Building Number: | BLD-03087 Bui | Iding Name: 2/ | 2A 1957 Addition & E | Elevator 8 | Stair Addition | | | |
| Type of Service | Provided | | | | | | | |
| | | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| X | Nursing | X | Anesthesia | | | | Danal Dialysis | |
| X | IntensiveCare | X | 0 | X | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | Х | Newborn/ | X | Outpatient Surgery | |
| X | Psychiatric | × | Radiological/ Imaging | | WellBaby | | | |
| | Nursing | X | Pharmaceutical | | Emergency | | Central Plant | |
| X | Obstetrical Ante/Postprtum | | Dietetic | X | Nuclear Medicine | X | Support Services | |
| | Intermediate Care | X | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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| Report Year: 2014 11792 | Community Hospital of Long Beach | Long Beach | Page:98 of 130 | | | | | | | |
|---|----------------------------------|-------------------------------|---------------------------|--|--|--|--|--|--|--|
| 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-01745 Building Name: Auditorium Addition | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| 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 | Outpatient Surgery | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | X Support | | | | | | | |
| Skilled Nursing | Administration | Nucleal Medicine | Services | | | | | | | |
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| Report Year: 2 | 014 11792 | Community H | ospital of Long Beach | | Long Beach | | Page:99 of 130 | | | |
|---|-----------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|
| 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-01746 Building Name: North Addition & '64 Addn #1 | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | |
| X N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| In | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | |
| | ediatric/Adol scent | | Clinical Lab | | receivery | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | bstetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | |
| | termediate are | | Dietetic | | Nuclear Medicine | X | Support | | | |
| X sı | killed Nursing | X | Administration | Ш | | | Services | | | |
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| Report Year: | 2014 11792 | Community Ho | spital of Long Beach | | Long Beach | | Page:100 of 130 | | | |
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| Report the final requirements w per Section 130 | whether by retrofit or by i | dings on the h replacement a | ospital campus showing nd the type of service the | g how eanat will b | ach building will comply wind provided in each genera | ith the SPC-5/ al actue care h | NPC-4 or 5 | | | |
| Building Number | er: BLD-01747 | Building Nam | e: Maint. & Loading D | ock Ca | пору | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Serv | vice Provided | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X Ce | ntral Plant | | | |
| | Intermediate Care | | Dietetic | | | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | ipport ervices | | | |
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| eport Year: 20 | 014 11792 Co | mmunity I | Hospital of Long Beach | | Long Beach | | Page:101 of 130 |
|------------------|---------------------------|-------------|--------------------------|---|---|---|---------------------------|
| | ther by retrofit or by re | | | | each building will comply be provided in each geno | | PC-5/NPC-4 or 5 |
| Building Number: | BLD-01748 B | Building Na | me: South Wing | | | | |
| Configuration: | Remove from GAC | service by | 1/1/2020 | | | | |
| Type of Service | e Provided | | | | | | |
| Nu Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical | | Pharmaceutical | | | | |
| Ar | nte/Postprtum | | | X | Emergency | | Central Plant |
| | termediate are | X | Dietetic | | Nuclear Medicine | X | Support |
| ☐ a. | killed Nursing | X | Administration | | | _ | Services |

| ilding Number: | BLD-01749 Bu | uilding Na | me: Hatfield Building | | | |
|-----------------|----------------------------|------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC se | ervice by | 1/1/2020 | | | |
| Type of Service | Provided | | | | | |
| X Nu | rsing | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X Inte | ensiveCare | | Anesthesia | Obstetrical | | Renal Dialysis |
| | diatric/Adol cent | | Clinical Lab | Recovery | | |
| | ychiatric irsing | X | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical te/Postprtum | | Pharmaceutical | | | |
| | ermediate | | Dietetic | Emergency | | Central Plant |
| Ca | | | | Nuclear Medicine | X | Support Services |
| Sk | illed Nursing | X | 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-01750 Building Name: 1964 Addition No. 2 | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| ☐ Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| 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 | | Concessor ov | | Central Plant | | | | |
| Int | termediate | | Dietetic | | Emergency | | Central Plant | | | | |
| | are killed Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | | | |
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| Report Year: 20 | 11792 C | ommunity H | ospital of Long Beach | | Long Beach | | Page:104 of 130 | | | |
|---|----------------------|------------|--------------------------|--|-------------------------------|---|---------------------------|--|--|--|
| 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-01751 Building Name: 8/8A Elect Vault Bldg & Supply Bldg | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| 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 ırsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | ostetrical | | Pharmaceutical | | | | | | | |
| — An | te/Postprtum | | | | Emergency | X | Central Plant | | | |
| Into Ca | ermediate ire | | Dietetic | | Nuclear Medicine | | Support | | | |
| Sk | illed Nursing | | Administration | | | | Services | | | |
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|--|-------------------------------|--------------------------------|--|-----------------------|---|-----------------------------------|-----------------------|--|--|--|
| Report the final requirements w per Section 130 | hether by retrofit or by | dings on the h eplacement a | ospital campus showin and the type of service the | g how e hat will b | ach building will comply w be provided in each gener | ith the SPC-5/ al actue care h | NPC-4 or 5 | | | |
| Building Number | er: BLD-01752 | Building Nam | ne: Emergency Gener | ator Buil | ding | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Serv | vice Provided | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X Ce | ntral Plant | | | |
| | Intermediate | | Dietetic | | | | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | ipport Prvices | | | |
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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-01754 Building Name: HVAC Equip. Bldg & Mechanical Room | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical | | Pharmaceutical | | | | | | | | |
| AI | nte/Postprtum | | | | Emergency | X | Central Plant | | | | |
| | termediate are | | Dietetic | | Nuclear Medicine | X | Support Services | | | | |
| Sk | killed Nursing | | Administration | | | | Services | | | | |
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| | her by retrofit or by re | | | | ach building will comply woe provided in each genera | | C-5/NPC-4 or 5 | | | | |
| Building Number: BLD-01757 Building Name: Ambulatory Services | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| Inf | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical | | Pharmaceutical | | | | | | | | |
| — Ar | nte/Postprtum | | | X | Emergency | | Central Plant | | | | |
| | termediate are | | Dietetic | П | Nuclear Medicine | Х | Support | | | | |
| Sk | xilled Nursing | X | Administration | <u>—</u> | | | Services | | | | |
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|---|-------------------------------|-------------------|---|-----------------------|--|-------------------------------------|-----------------------|--|--|--|
| Report the fina requirements v per Section 13 | whether by retrofit or by | dings on the here | nospital campus showin and the type of service t | g how e hat will t | ach building will comply v be provided in each gene | vith the SPC-5/ ral actue care h | NPC-4 or 5 | | | |
| Building Numb | er: BLD-02673 | Building Nan | ne: Heart Room Addit | ion | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | |
| Type of Ser | vice Provided | 1 | | | | | | | | |
| | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | Cel | ntral Plant | | | |
| | Intermediate Care | X | Dietetic | | Nuclear Medicina | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | ipport Prvices | | | |
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| Section 130061(c)(5) | | | | | | | | | | | |
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| Building Number: BLD-03087 Building Name: 2/2A 1957 Addition & Elevator & Stair Addition | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| X Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| X IntensiveCare | X | Anesthesia | X | Obstetrical Recovery | | Renal Dialysis | | | | | |
| Pediatric/Adol escent | X | Clinical Lab | | Recovery | | | | | | | |
| X Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery | | | | | |
| X Obstetrical Ante/Postprtum | X | Pharmaceutical | | _ | | | | | | | |
| Intermediate | | Dietetic | | Emergency | | Central Plant | | | | | |
| Care | | A 1 | X | Nuclear Medicine | X | Support Services | | | | | |
| Skilled Nursing | X | Administration | | | | | | | | | |

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|--|-------------------------------|-----------------------------|---|-------------------------|--|-------------------------------------|-----------------------|--|--|--|--|
| Report the fina requirements v per Section 13 | whether by retrofit or by | dings on the replacement | hospital campus showir and the type of service | ng how e that will l | ach building will comply voe provided in each gene | vith the SPC-5/ ral actue care h | NPC-4 or 5 | | | | |
| Building Number: BLD-03141 Building Name: Original Building (Loggia) | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Ser | vice Provided | | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | ☐ Ce | ntral Plant | | | | |
| | Intermediate Care | | Dietetic | | | | | | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | | ipport ervices | | | | |
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|---|--|------------|--------------------------|--|-------------------------------|---|---------------------------|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5) | | | | | | | | | | | | |
| Building Number: | Building Number: BLD-03143 Building Name: Original Building (North Wing) | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | |
| Nur | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| X Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | F | Renal Dialysis | | | | | |
| | diatric/Adol cent | | Clinical Lab | | Recovery | | | | | | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Gurgery | | | | | |
| | stetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| | ermediate | X | Dietetic | | | | | | | | | |
| Car X Skil | lled Nursing | X | Administration | | Nuclear Medicine | | Support Services | | | | | |
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| Building Number: BLD-03144 Building Name: Original Building (South Wing) | | | | | | | | | | | |
|--|-------------------|---|--------------------------|-----|-------------------------------|---------|---------------------------|--|--|--|--|
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service Pro | vided | | | | | | | | | | |
| X Nursin | 9 | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | | | | |
| X Intensi | veCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| Pediati escent | ic/Adol | | Clinical Lab | | resorting | | | | | | |
| Psychi Nursin | | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| Obstet Ante/P | rical ostprtum | | Pharmaceutical | [V] | - | | Control Bloom | | | | |
| Interme | · | | Dietetic | X | Emergency | <u></u> | Central Plant | | | | |
| Care | Nursing | X | Administration | | Nuclear Medicine | | Support Services | | | | |

| eport Year: | 2014 11 7 92 C | Community F | lospital of Long Beach | | Long Beach | | Page:113 of 130 | | | | |
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| | ether by retrofit or by r | | | | ach building will comply be provided in each geno | | C-5/NPC-4 or 5 | | | | |
| Building Number: BLD-03145 Building Name: Original Building (Central Wing) | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service | ce Provided | | | | | | | | | | |
| | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| lı | ntensiveCare | X | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | | | | | | | |
| | ntermediate | | Dietetic | | Emergency | | Central Plant | | | | |
| | Care | | | | Nuclear Medicine | X | Support Services | | | | |
| | Skilled Nursing | X | 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: | Building Number: BLD-03146 Building Name: 9/9A Laundry Building -Trash Canopy | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation nerapy | | | | | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | R | enal Dialysis | | | | | |
| | diatric/Adol cent | | Clinical Lab | | Necovery | | | | | | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery | | | | | |
| | stetrical te/Postprtum | | Pharmaceutical | | Emergency | Пс | entral Plant | | | | | |
| Inte | ermediate | | Dietetic | | | | | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support 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-01748 | Building Na | me: So | uth Wing | | | | | |
| Туре | of Service Prov | <u>rided</u> | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha | abilitation apy | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Cent | ral Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | X Supp Serv | oort ces | | |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | |
| | Total Beds this Building | | 0 | | | | | | | |
| | | | | | | | | | | |

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|---------------------------------------|--------------------------|-------------------|---------------------------------|--------------------------------|------------------------|
| Include information and SPC-5 per Sec | | inpatient beds by | y type of Service provided by b | uildings that are classified a | |
| Building Number: | BLD-01757 | Building Nar | me: Ambulatory Services | | |
| Type of Service I | Provided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCa | re Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Ad escent | ol Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprt | Inpatient tum Beds | 0 | Pharmaceutical | X Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nurs | ing Inpatient Beds | 0 | X Administration | | |
| Total Beds t Building | his | 0 | | | |
| | | | | | |

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|--|-------------------|----------------|-------------------------------|------------------------------------|------------------------|
| Include information on and SPC-5 per Section | | inpatient beds | by type of Service provided l | by buildings that are classified a | |
| Building Number: BL | D-02673 | Building N | ame: Heart Room Additio | n | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | X 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 | X Dietetic | Nuclear Medicine | X 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 | | inpatient beds b | y type of S | ervice provided by b | uildings that are classified a | is SPC-2, SPC | |
| Building Number: BLI | D-03141 | Building Na | ame: Oriç | ginal Building (Loggi | a) | | |
| Type of Service Prov | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha Thera | bilitation apy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | l Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surge | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Centr | al Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Supposervio | ort |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
| | | | | | | | |

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|--|-------------------|--------------------|---------------|--------------------------|-------------------------------|-----------------|--------------------|
| Include information on and SPC-5 per Section | | f inpatient beds l | by type of S | ervice provided by | buildings that are classified | as SPC-2, SP0 | |
| Building Number: BL | D-03143 | Building N | ame: Ori | ginal Building (Nortl | n Wing) | | |
| Type of Service Pro | <u>vided</u> | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | X Reha | abilitation apy |
| X IntensiveCare | Inpatient Beds | 9 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Cent | ral Plant |
| Intermediate Care | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | X Supp Servi | |
| Skilled Nursing | Inpatient Beds | 2 | X | Administration | | | |
| Total Beds this Building | | 11 | | | | | |
| | | | | | | | |
| | | | | | | | |

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|--|-------------------|--------------------|--------------------------------|---------------------------------|-----------------------------|
| Include information on and SPC-5 per Section | | f inpatient beds l | by type of Service provided by | buildings that are classified a | |
| Building Number: BL | D-03144 | Building N | ame: Original Building (Sout | h Wing) | |
| Type of Service Pro | <u>vided</u> | | | | |
| X Nursing | Inpatient Beds | 13 | Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy |
| X IntensiveCare | Inpatient Beds | 11 | 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 | X Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | X Administration | | |
| Total Beds this Building | | 24 | | | |
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| | | | | | |

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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-03145 Building Name: Original Building (Central Wing) | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nur | rsing | Inpatient Beds | 0 | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Inte | ensiveCare | Inpatient Beds | 0 | X | Anesthesia | | | | | | |
| Ped esc | diatric/Adol ent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | | |
| | vchiatric rsing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | |
| | stetrical e/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Г | Emergency | | Central Plant | | |
| Inte | ermediate e | Inpatient Beds | 0 | Ц | Dietetic | | Nuclear Medicine | X | Support Services | | |
| Skil | lled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | |
| | al Beds this Iding | | 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-03146 Building Name: 9/9A Laundry Building -Trash Canopy | | | | | | | | | | | | |
| 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 | Central Plant | | | | | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services | | | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:123 of 130 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-01748 **Building Name:** South Wing **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 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 0 0

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:124 of 130 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-01757 **Ambulatory Services 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 Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:125 of 130 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-02673 Heart Room Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:126 of 130 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-03141 Original Building (Loggia) **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 Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:127 of 130 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-03143 Original Building (North Wing) **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 Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 984 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 11 11

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:128 of 130 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-03144 Original Building (South Wing) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 13 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 Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 1203 Inpatient Inpatient 11 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 24 24

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:129 of 130 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-03145 Original Building (Central Wing) **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 Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11792 Community Hospital of Long Beach Long Beach Page:130 of 130 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-03146 9/9A Laundry Building -Trash Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient 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