Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital Owner and Year of Report per Section 130061(e)						
Trovide the Prospital Owner and Pear of Report per dection 150001(c)						
Facility Number:	12012					
Facility Name:	St. Mary Medical Center					
Address:	1050 Linden Ave.					
City:	Long Beach					
Hospital Owner/Lic	ensee: St. Mary's Medical Center					
Year of Re	porting: 2014					
Contact 1 e-mail A	ddress:					
Contact 2 e-mail A	ddress:					
Contact 3 e-mail Ac	ddress::					
Name of Sul	pmitter: Robert Omens					
Submission	n Date: 12/10/2014 2:04:54 PM					

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01207	West Wing	1050 Linden Ave.	Remove	N/A	01/01/2020	07/01/2019
BLD- 01209	South Wing	1050 Linden Ave.	Remove	N/A	01/01/2020	07/01/2019

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No data reporte	d for Sectio	n 130061(c)	n(1)(C).		

Report Year: 2014	12012	St. Mary Medical Center	Long Beach	Page:4	l of 42		
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	.D-01207	Building Name: We	est Wing				
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	X Outpatient Surgery			
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant			

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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: B		Building Name: Sc	outh Wing				
Type of Service Pro	<u>vided</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	X Rehabilitati Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Deas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nnt		

Report Year: 2014 12012 St. Mary Medical Center Long Beach Page:6 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01207 West Wing **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 0 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 12012 St. Mary Medical Center Long Beach Page:7 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01209 South Wing **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 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

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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-01205	Bauer Wing	Remain
BLD-01206	MRI Building	Remain
BLD-01207	West Wing	Remove
BLD-01208	East Wing	Remain
BLD-01209	South Wing	Remove
BLD-01210	Emergency / Generator Building	Remain

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No proposed n	ew building	s to be const	ructed at this or another site.		

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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 I	Number: BLD-01	207	West Wing		Removal Date:	07/01/2019	
Planned	Uses for the buildin	g to be remo	ved from acute care service	e:			
Planned	use for building:						
Inpatient	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	delivered in the	Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	Rehabilitation Therapy Renal Dialysis X Outpatient Surgery Central Plant Support Services	S

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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	1209	South Wing		Removal Date:	07/01/2019	
Planned l	Uses for the build	ing to be re	moved from acute care serv	vice:			
Planned	use for building:						
<u>Inpatient</u>	services currently	<u>delivered i</u>	in the building:	<u></u>			
	Nursing		Surgical	Obstetrica Cesarean		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab	Obstetrica Recovery	ı 🗆	Renal Dialysis	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergence	v	Central Plant	
	Intermediate Care		Dietetic	Emergenc	у		
	Skilled Nursing		Administration	Nuclear Medicine		Support Services	

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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-01207 Building Name:	West Wing	Year of Information: 2011					
<u>Unit Type</u>		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 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 Beds 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 Beds Days	0				
Coronary Care	Chemical Dependency	Total Beds this					
Inpatient 0 Patient 0	Inpatient 0 Patient 0	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)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-01207 Building Name:	West Wing	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 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	0
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	<u> </u>
	ŕ	Total Beds this Building per Service	0

Report Year: 2014 12012 St. Mar	y Medical Center	ong Beach	Page:14 of 42
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	ed from acute
Building Nbr: BLD-01207 Building Name:	West Wing	Year of Information: 2013	3
Unit Type	I	nformation 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 Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds 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 Beds Days	Building per Unit	<u> </u>
	·	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)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-01209 Building Name:	South Wing	Year of Information: 2011	
Unit Type	I	nformation 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 Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds 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 Beds Days	Building per Unit	<u> </u>
•	·	Total Beds this Building per Service	0

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-01209 Building Name: South Wing Year of Information: 2012 Information Current As Of: Medical/Surgical (include GYN) Acute Respiratory Care Inpatient Days Patient Days Days Days Days Days Perinatal (exclude Neborn/GYN) Burn Skilled Nursing Inpatient Pediatric Inpatient Days Patient Days Days Days Days Days Days Days Days	Report Year: 2014 12012 St. I	lary Medical Center	Long Beach	Page:16 of 42
Medical/Surgical (include GYN)		atient days per unit for the year of 2010, 2011 an	d 2012 for buildings to be remove	ed from acute
Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric Inpatient 0 Patient 0 Days 0 Patient 0 Patient 0 Days Perinatal (exclude Neborn/GYN) Burn Skilled Nursing Inpatient 0 Patient 0 Days 0 Patient 0 Days Pediatric Intensive Care Newborn Nursery Intermediate Care Inpatient 0 Patient 0 Days 0 Patient 0 Days Intensive Care Rehabilitation Center Int. Care/Developmentally Disabled Inpatient 0 Patient 0 Days 0 Days Coronary Care Chemical Dependency Total Beds this Building per Unit 0 Days Inpatient 0 Days Days Total Beds this 0 Days	Building Nbr: BLD-01209 Building Nam	e: South Wing	Year of Information: 2012	2
Inpatient	Unit Type		Information Current As Of:	
Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn Skilled Nursing Inpatient 0 Patient 0 Patient 0 Patient 0 Patient 0 Patient 0 Days Days 0 Patient 0 Days Beds Days Total Beds this Building per Unit 0 Days Total Beds this Days Days Days Days Days Total Beds this Days Days Days Days Total Beds this Days Day	Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient Deds Patient Days				0
Beds Days Beds Days Beds Days Beds Days Intermediate Care Inpatient 0 Patient 0 Patient 0 Patient 0 Inpatient 0 Patient 0 Patient 0 Patient 0 Beds Days Days Days Total Beds this Building per Unit 0 Beds Days Total Beds this Days	Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Patient 0 Days Beds Days Days Days Intensive Care Rehabilitation Center Int. Care/Developmentally Disabled Inpatient 0 Patient 0 Patient 0 Inpatient 0 Patient 0 Days Coronary Care Chemical Dependency Inpatient 0 Patient 0 Patient 0 Days Coronary Care Chemical Dependency Inpatient 0 Patient 0 Patient 0 Days Coronary Care Dependency Inpatient 0 Patient 0 Days Coronary Care Dependency Days Total Beds this Building per Unit Days Total Beds this Days				0
Intensive Care Rehabilitation Center Int. Care/Developmentally Disabled Inpatient Days Beds Days Beds Days Int. Care/Developmentally Disabled Inpatient Days D	Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Inpatient 0 Patient 0 Days Coronary Care Inpatient 0 Patient 0 Patient 0 Days Inpatient 0 Patient 0 Days Chemical Dependency Inpatient 0 Patient 0 Days Total Beds this Building per Unit Beds Days Total Beds this Days				0
Beds Days Beds Days Beds Days Coronary Care Chemical Dependency Total Beds this Building per Unit Beds Days Total Beds this Days Total Beds this Days Total Beds this Days	Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Inpatient 0 Days Patient 0 Days Total Beds this Building per Unit Total Beds this Days				0
Beds Days Beds Days Total Beds this				
Total Beds this O				<u> </u>
	·	·		0

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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-01209 Building Name:	South Wing	Year of Information: 2013	
Unit Type	ı	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 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 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	0
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	<u> </u>
·	, and the second	Total Beds this Building per Service	0

Report Year: 201	4 12012 St. Mai	y Medical Center	Lo	ong Beach	Page:18 of 42		
	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	D1207 Building Name:	West Wing		Year of Information:	2011		
Type of Services Provided	name.			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	X Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	l 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					

Report Year: 201	4 12012 St. Mar	ry Medical Center		Long Beach	Page:19 of 42
	of inpatient beds and patices per Section 130061		e for the year of 201	10, 2011 and 2012 for buildi	ngs to be removed
Building Nbr: BLD-0	D1207 Building Name:	West Wing		Year of Information:	2012
Type of Services Provided			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	X 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	Administration		
Total Beds this B	uilding per service	0			

Report Year: 201	4 12012 St. Mar	ry Medical Center		Long Beach	Page:20 of 42
	of inpatient beds and patices per Section 130061		e for the year of 201	10, 2011 and 2012 for buildi	ings to be removed
Building Nbr: BLD-0	D1207 Building Name:	West Wing		Year of Information:	2013
Type of Services Provided	Turio.		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	Tronai Biaryoto
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	X 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	X Administration		
Total Beds this B	uilding per service	0			

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	of inpatient beds and patices per Section 130061		e for the year of 20°	10, 2011 and 2012 for buildi	ngs to be removed
Building Nbr: BLD-0	D1209 Building Name:	South Wing		Year of Information:	2011
Type of Services Provided	raino.		1	Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	X Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	A Tonai Biaryoto
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		CGGG
Total Beds this B	uilding per service	0			

Report Year: 201	4 12012 St. Mar	ry Medical Center		Long Beach	Page:22 of 42
	of inpatient beds and patices per Section 130061		e for the year of 20°	10, 2011 and 2012 for buildi	ngs to be removed
Building Nbr: BLD-0	D1209 Building Name:	South Wing		Year of Information:	2012
Type of Services Provided	rame.			Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	X Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Tional Dianyolo
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		
Total Beds this B	suilding per service	0			

Report Year: 201	4 12012 St. Mar	y Medical Center		Long Beach	Page:23 of 42
	of inpatient beds and patices per Section 130061		e for the year of 20°	10, 2011 and 2012 for buildir	ngs to be removed
Building Nbr: BLD-0	D1209 Building Name:	South Wing		Year of Information:	2013
Type of Services Provided	Talle.		•	Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	X 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	X Administratio	n	
Total Beds this B	uilding per service	0			

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No data reporte	ed for whether	er the general	al acute care service	es and beds will be r	elocated to a	new, existing or retr	ofitted building a	and any
corresponding	bullaring sites	or project i	idifibers for building	s with a ballating Ne	Solution of TX	count of Replace	per occitor roc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Each hospital owner shall also report for each facility number of inpatient beds by type of unit and service p		ed from active care service, any net	change in the
Building Number: BLD-01207 Building Name: V	Vest Wing		
Will general acute care services and beds will be relo	cated to a new, Existing or retrofitted	building?	
Administration N/A			
Each hospital owner shall also report for each facility number of inpatient beds by type of unit and service part of the servi	for which any buildings will be remove per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: Will general acute care services and beds will be relo	Vest Wing	huilding?	
OutpatientSurgery N/A	cated to a new, Existing of Tetrolitted	bulluli ig :	
Each hospital owner shall also report for each facility number of inpatient beds by type of unit and service p		ed from active care service, any net	change in the
Building Name: Sumber:	South Wing		
Will general acute care services and beds will be relo	cated to a new, Existing or retrofitted	building?	
Administration N/A			

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Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-01209 Building Name: South Wing Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Rehabilitation Therapy N/A		

ng Number:	BLD-01207 Buildi	ng Name: W	est Wing			
pe of Servic	e Provided	I 🗆	Surgical	Obstetrical		Rehabilitation
	Nursing		Accellence	 Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/	Х	Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		Curgery
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

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Report any general per Section 130061		tient service that is provided	in any genaral ac	ute care hospital b	ouilding that	is rated SPC-1
Building Number:	BLD-01209 Buildin	g Name: South Wing				
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
	Nursing	Anesthesia				laval Dishais
	IntensiveCare			Obstetrical Recovery		enal Dialysis
	Pediatric/Adol escent	Clinical Lab		lewborn/		Outpatient urgery
	Psychiatric	Radiological/ Imaging	<u> </u>	VellBaby		
	Nursing	Pharmaceution	cal E	mergency		entral Plant
	Obstetrical Ante/Postprtum	Dietetic	□ N M	luclear ledicine		upport ervices
	Intermediate Care	X Administratio	n			
	Skilled Nursing					

eport the final quirements what rection 1300	configuration of all buil	Idings on the	hospital campus showand the type of service	wing how e e that will l	ach building will comply be provided in each generation	with the SP eral actue c	Page:29 of 42 PC-5/NPC-4 or 5 are hospital building
ilding Numbe	er: BLD-01205	Building Na	me: Bauer Wing				
Configuration:	Remove from GA	C service by	1/1/2030				
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		. Receivery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate		Dietetic		Lineigency		Central Flant
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

eport Year:	2014 12012	St. Mary Med	dical Center	Long Beach		Page:30 of 42
	whether by retrofit or by			ach building will comply be provided in each gen		
uilding Numb	per: BLD-01206	Building Na	me: MRI Building			
Configuration	n: Remove from GA	C service by	1/1/2030			
Type of Sei	rvice Provided					_
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation herapy
	IntensiveCare		Anesthesia	Obstetrical	R	tenal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Ourgery
	Obstetrical Ante/Postprtum		Pharmaceutical			
	Ante/i ostpitum		Di vivi	Emergency		entral Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing		Administration			Services

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Report the final co requirements whet per Section 13006	ther by retrofit or by	ldings on the replacement	hospital campus show and the type of service	ing how e that will l	ach building will comply on provided in each gene	with the SPC ral actue car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01207	Building Na	me: West Wing				
Configuration:	Remove from GA	C service by	1/1/2020				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Receivery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic	П	Nuclear Medicine		Support
SI	killed Nursing	X	Administration			_	Services

	and the type of service the		ach building will comply wit be provided in each genera		
from GAC service by					
d	1/1/2030				
X					
	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
re X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
ol	Clinical Lab		Recovery		
	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
tum	Pharmaceutical		Emergency		Central Plant
X	Dietetic		Linergency		Contrain lant
ing	Administration		Nuclear Medicine		Support Services
	tum	Clinical Lab Radiological/ Imaging Pharmaceutical X Dietetic Administration	Clinical Lab Radiological/ Imaging Pharmaceutical X Dietetic Administration	Clinical Lab Radiological/	Clinical Lab Radiological/

eport Year:	2014 12012	St. Mary Med	dical Center	Long Beach		Page:33 of 42
	hether by retrofit or by			ach building will comply be provided in each gene		
uilding Numbe	er: BLD-01209	Building Na	me: South Wing			
Configuration:	Remove from GAC	Service by	1/1/2020			
Type of Serv	vice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical			
	Ante/Postprtum			Emergency		Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing	X	Administration		- 	Services

Report Year:	2014 12012 S	t. Mary Medical	Center		Long Beach		Page:34 of 42
Report the final c requirements who per Section 1300	ether by retrofit or by r	dings on the hos eplacement and	pital campus showing the type of service th	how ea at will b	ich building will comply w e provided in each genera	ith the SPC-5/l al actue care h	NPC-4 or 5 ospital building
Building Number:	: BLD-01210	Building Name:	Emergency / Gener	ator Bu	lding		
Configuration:	Remove from GAC	service by 1/1/2	2030				
Type of Servi	ce Provided						
1	Nursing	Su	rgical		Obstetrical Cesarean/Deliv		habilitation erapy
	ntensiveCare	And	esthesia		Obstetrical Recovery	Rei	nal Dialysis
	Pediatric/Adol escent	Cli	nical Lab		Recovery		
	Psychiatric Nursing		idiological/ aging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum	Ph	armaceutical		Emergency	X Cer	ntral Plant
	Intermediate	Die	etetic				
	Care Skilled Nursing	Ad	ministration		Nuclear Medicine		pport rvices
	•						

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Include and S	de information on SPC-5 per Section	the number of 130061(e)	f inpatient beds t	by type of S	Service provided by t	ouilding	s that are classified as	s SPC-2	2, SPC-3, SPC-4,
Buildi	ng Number: BLC	D-01205	Building Na	ame: Ba	uer Wing				
Туре	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	218		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	62		Anesthesia				
X	Pediatric/Adol escent	Inpatient Beds	28	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	25	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic	X	Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		333						

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Include information and SPC-5 per Sect		f inpatient beds t	by type of Service	provided by buildi	ngs that are classified a	s SPC-2, SPC	C-3, SPC-4,
Building Number:	BLD-01206	Building Na	ame: MRI Build	ding			
Type of Service P	rovided						
Nursing	Inpatient Beds	0	Surg	ical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	e Inpatient Beds	0	Anes	thesia			
Pediatric/Ado	I Inpatient Beds	0	Clinic	cal Lab	Obstetrical Recovery	Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radio Imagi	ological/ ing	Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postprtu	Inpatient ım Beds	0	Pharr	maceutical	Emergency	Centr	al Plant
Intermediate Care	Inpatient Beds	0	Diete	tic	Nuclear Medicine	Supp Servi	
Skilled Nursin	ng Inpatient Beds	0	Admi	nistration			
Total Beds th Building	is	0					

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	e information on t PC-5 per Section		f inpatient beds	by type of S	Service provided by	buildings that are classified a	s SPC-2, SP	C-3, SPC-4,
Buildii	ng Number: BLC	D-01208	Building N	lame: Ea	ast Wing			_
Туре	of Service Prov	ided						
X	Nursing	Inpatient Beds	46	X	Surgical	X Obstetrical Cesarean/Deliv	X Reha	abilitation apy
X	IntensiveCare	Inpatient Beds	10	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		56					

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Include information of and SPC-5 per Section		f inpatient beds b	by type of Service provided by I	ouildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number:	BLD-01210	Building Na	Emergency / Generato	r Building	
Type of Service Pr	<u>ovided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtui	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	g Inpatient Beds	0	Administration		
Total Beds this Building	S	0			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)						
Building Number:	BLD-01205	Building Name:	Bauer Wing			
Medical / Surgical (Include GYN)		Acute Respira	Acute Respiratory Care		Acute Psychiatric	
Inpatient 218 Bed	Inpatient 24343 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burn	Burn		Skilled Nursing	
Inpatient 25 Bed	Inpatient 8715 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Pediatric		Intensive Care Nursery	Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 28 Bed	Inpatient 1478 Days	Inpatient Bed	15 Inpatient 1637 Days		Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 39 Bed	Inpatient 4960 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Coronary Care		Chemical Dep	Chemical Dependency		Total Beds this Building Per	
Inpatient 8 Bed	Inpatient 1017 Days	Inpatient Bed	0 Inpatient 0 Days	Unit 333	Service 3333	

Report Year: 2014 12012 St. Mary Medical Center Long Beach Page:40 of 42 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-01206 MRI Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 12012 St. Mary Medical Center Long Beach Page:41 of 42 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-01208 **East Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient 10 Inpatient 1092 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient 46 Inpatient 0 4985 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 56 56

Long Beach Report Year: 2014 12012 St. Mary Medical Center Page:42 of 42 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-01210 Emergency / Generator Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0