Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital Owner and Year of Report per Section 130061(e)								
Facility Number:	10009	10009						
Facility Name:	Enloe M	Enloe Medical Center - Cohasset						
Address:	560 Col	nasset Road						
City:	Chico							
Hospital Owner/Lic	ensee:	Mike Wiltermood						
Year of Reporting:		2015						
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Stephen A Gonsalves						
Submission Date:		10/13/2015 8:37:42 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	•	
BLD-	Original Hospital and	560 Cohasset Road	Rebuild	SPC5	01/01/2013	12/31/2016

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00101 Original Hospital and Additions Retrofit/Replacement Yes-Submitted Project: Facility Project Projected CEQA Sub Plan Approved Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In CLOS No 10013 HS041907-0 0 FOUNDATIONS, SPREAD FOOTINGS & 8/16/2004 8/31/2006 09/19/2006 06/01/2012 DRILLED PIERS/RE HS042981-04 12:00:00 AM 10013 HS042981-0 0 SITEWORK, UTIL, ARCH, PRIMARY 12/17/200 2/20/2007 03/06/2007 PEND No STRUCTURE, MECH & PLUMBING/RE 12:00:00 HS041907-04 AM

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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: BLI	D-00101	Building Name:	riginal Hospital and Additions						
Type of Service Provi	<u>ided</u>								
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant					

Report Year: 2015 10009 **Enloe Medical Center - Cohasset** Chico Page:5 of 41 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00101 **Building Number: Building Name:** Original Hospital and Additions 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

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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-00101	Original Hospital and Additions	Rebuild
BLD-00102	Radiology Addition	Remain
BLD-00103	Behavioral Health & Administration	Remain
BLD-00104	Radiology Addition	Remain
BLD-00105	Central Stores	Remain
BLD-00106	Cardiac Cath Lab	Remain
BLD-00107	Administration	Remain
BLD-00108	Surgery Addition	Remain

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List ALL prop	oosed new buildings to be constructed at this	or another site.	
Building Number	Building Name	New Site	
N_1	Magnolia Tower	X	

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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)(2)(C)									
Building I	Building Number: BLD-00101 Original Hospital and Additions Removal Date:								
Planned	Uses for the building t	to be removed from acute care	e service:						
Planned	use for building:	edical Office Building	Jurisdiction: Local Autho	rity					
Inpatient	services currently del	livered in the building:							
	Nursing	X Surgical	Obstetrical Cesarean/l						
	IntensiveCare	X Anesthesia	Obstetrical	l Davido	talta				
	Pediatric/Adol escent	X Clinical Lab	Recovery	Renal Di	laiysis				
	Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	ent				
	Obstetrical Ante/Postprtum	X Pharmaceutical	- Emergence	., Central I	Plant				
	Intermediate Care	X Dietetic	└─ │ Emergency						
	Skilled Nursing	Administration	Nuclear Medicine	Support Services					

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Anesthesia

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101 I

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

Relocated to new building

New Building RetroFitted Building

Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	03/06/2007	06/08/2015	CLOS

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Radiological/Imaging

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pharmaceutical

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101

Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number: BLD-00101 Building Name:

Original Hospital and Additions

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

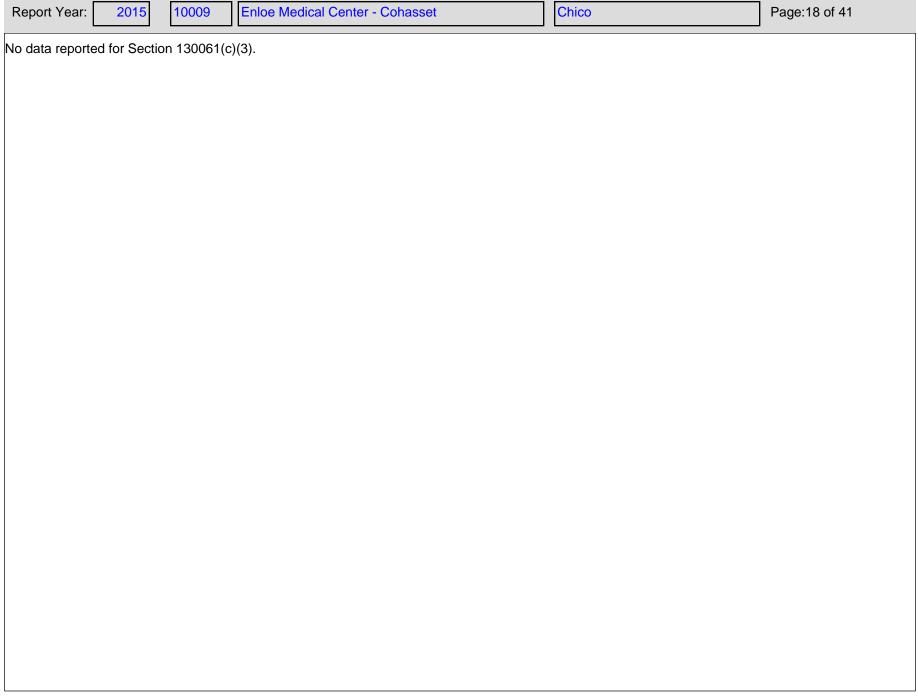
CentralPlant

Relocated to new building

New Building RetroFitted Building Other SPC2-SPC5 Building

N_1-Magnolia Tower

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10013	HS041907 -0	0	FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	2004-08-16	2006-08-31	09/19/2006	06/01/2012	CLOS
10013	HS042981 -0	0	SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907- 04	2004-12-17	2007-02-20	03/06/2007	06/08/2015	PEND



Section 130061((c)(4)		nat is provided in any	acute care nospital		Tial is faled SFC-1
Type of Service	Provided	ı çı				Dahahilitatian
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	X	Anesthesia	Obstetrical		Renal Dialysis
	IntensiveCare			Recovery	Ш	, to the Dianyoro
	Pediatric/Adol escent	X	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric	X	Radiological/ Imaging	 WellBaby		
	Nursing	X	Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

Section 130061(c)(5)		e that will be provided in each gener	
	Building Name: Original Hospital		
,	Definition for Rebuild) with new SI	PC5 and NPC4 or NPC5 building.	
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	X Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	X Pharmaceutical		
Ante/Postprtum		Emergency	X Central Plant
Intermediate	X Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services

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	her by retrofit or by r				ach building will comply wit be provided in each general	
Building Number:	BLD-00102	Building Nar	me: Radiology Addition	1		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
Int Ca	ermediate ire		Dietetic		Nuclear Medicine	Support
Sk	illed Nursing		Administration			Services

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Report the final corequirements whe per Section 13006	ther by retrofit or by r	dings on the eplacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply woe provided in each gener	vith the SP al acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00103	Building Na	me: Behavioral Health	& Admii	nistration		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Sare		Dietetic		Nuclear Medicine		Support
S	killed Nursing		Administration				Services

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	ner by retrofit or by re				ach building will comply wit be provided in each genera	
Building Number:	BLD-00104	Building Nar	me: Radiology Addition	1		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		receivery	
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Ca	ire illed Nursing		Administration		Nuclear Medicine	Support Services
	'					

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	ner by retrofit or by re				ach building will comply witl be provided in each general		
Building Number:	BLD-00105	Building Nar	me: Central Stores				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	П	Central Plant
	ermediate		Dietetic				
Ca	ire illed Nursing		Administration		Nuclear Medicine		Support Services
	'						

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	ner by retrofit or by re				ach building will comply witl be provided in each general	
Building Number:	BLD-00106	Building Nar	me: Cardiac Cath Lab			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		receivery	
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Ca	illed Nursing		Administration		Nuclear Medicine	Support Services
	ı					

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	ther by retrofit or by r				ach building will comply wo be provided in each genera		
Building Number:	BLD-00107	Building Na	me: Administration				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.		
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate care		Dietetic		Nuclear Medicine		Support
S	killed Nursing	X	Administration	_		_	Services

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	ther by retrofit or by r				ach building will comply wi be provided in each genera	
Building Number:	BLD-00108	Building Na	me: Surgery Addition			
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	NPC4 or NPC5 building.	
Type of Service	e Provided					
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate are		Dietetic		Nuclear Medicine	Support
SI	killed Nursing		Administration			Services

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Include 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-00102	Building Nar	ne: Ra	diology Addition						
Туре	e of Service Prov	<u>rided</u>									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	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	X	Radiological/ Imaging	Newborn/ WellBaby	Outp.	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centi	al Plant			
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic	Nuclear Medicine	Supp Servi	ort ces			
	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	by type of \$	Service provided by I	ouildings that are classified a	is SPC-2, SP0	C-3, SPC-4,
Building Number: BL	D-00103	Building N	lame: Be	havioral Health & Ad	Iministration		
Type of Service Prov	vided						
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 X Nursing	Inpatient Beds	30		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		30					

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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-00104 Building Name: Radiology Addition									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia	1					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radiologica Imaging	al/ Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceu	utical Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administrat	tion					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-00105 Building Name: Central Stores									
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/Postprtur	Inpatient n Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursino	g Inpatient Beds	0	Administration						
Total Beds this Building	6	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-00106 Building Name: Cardiac Cath Lab									
Type of Service Provided									
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/ maging	Newborn/ WellBaby	Outpa Surge	atient ery		
Obstetrical Ante/Postprtum	Inpatient n Beds	0	F	Pharmaceutical	Emergency	Centi	al Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi			
Skilled Nursing	I Inpatient Beds	0	/	Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-00107 Building Name: Administration									
Type of Service Provided									
Nursing	Inpatient Beds	0	S	urgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy		
IntensiveCa	re Inpatient Beds	0	Ar Ar	nesthesia					
Pediatric/Ad escent	lol Inpatient Beds	0	CI	linical Lab	Obstetrical Recovery	Rena	al Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outp Surg	atient ery		
Obstetrical Ante/Postpr	Inpatient tum Beds	0	Pi	narmaceutical	Emergency	Cent	ral Plant		
Intermediate Care	e Inpatient Beds	0	□ Di	etetic	Nuclear Medicine	Supp Servi			
Skilled Nurs	ing Inpatient Beds	0	X Ad	dministration					
Total Beds t Building	his	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	0-00108	Building Name:	Su	rgery Addition				
Type of Service Provided									
	lursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare	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
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
S	Skilled Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		0						

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Report Year: 2015 10009 **Enloe Medical Center - Cohasset** Chico Page:36 of 41 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-00103 Behavioral Health & Administration **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 2897 30 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 30 30

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