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	d Year of Report per Section 130061(e)	
Facility Number:	10606		
Facility Name:	Mercy C	Seneral Hospital	
Address:	4001 J S	Street	
City:	Sacram	ento	
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	porting: ddress: ddress:	Mercy General Hospital 2015 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]]
Name of Sul	bmitter:	Karl Wagner]
Submissio	n Date:	12/9/2015 5:29:17 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- 01423	South Wing / East Wing	4001 J Street	Retrofit	SPC2	01/01/2017	12/31/2015

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

Building	No: BLD-0)1423	South Wing / East Wing		Retrofit/Re	eplacement	Yes-Subr	nitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10606	IS071987-0	0	NEW HEART CENTER ADDITION TO EXISTING HOSPITAL	10/29/200 7		06/01/2011	01/31/2014	ACTI	No
10606	P-2012- 02588	0	Northeast Bldg. 2nd Floor CCC Conversion to 24 Beds Med/Surg Unit	12/3/2012	5/7/2014 12:00:00 AM	06/02/2014	12/31/2015	FIEL	No

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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: BLD-01423 Building Name: South Wing / East Wing									
Type of Service Pro	vided								
X Nursing	Inpatient Beds	197 Inpatient 35855 Days	Surgical	X Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	8 Inpatient Days 0	Anesthesia	X 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					
X Obstetrical Ante/Postprtum	Inpatient Beds	17 Inpatient Days 0	X Pharmaceutical X Dietetic	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 X Obstetrical	Outpatient Surgery					
		Total Beds this Building	Cesarean/Deliv	Central Pla	nt				

Report Year: 2015 10606 Mercy General Hospital Page:5 of 29 Sacramento Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01423 **Building Number: Building Name:** South Wing / East Wing Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 197 Inpatient 3585 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient 17 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 Bed Days **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Bed Davs Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 222 Inpatient Inpatient Inpatient 222 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-01423	South Wing / East Wing	Retrofit
BLD-01425	Northeast Wing, Part A	Remain
BLD-01426	Northeast Wing, Part B	Remain
BLD-01427	North Wing	Remain
BLD-03110	Northeast Wing, Part D	Remain
BLD-05211	2 Story Corridor Structure	Remain

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List ALL propos	sed new buildings to be constructed at this or a	nother site.	
Building Number	Building Name	New Site	
N_2	New Heart Center		

Report Year: 10606 Mercy General Hospital 2015 Page:8 of 29 Sacramento No data reported for Section 130061 (c)(2)(A), (B), or (C)

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No data reporte	d for Section	n 130061(c))(2)(D).		

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No data reporte	d for Section	n 130061(c))(2)(D).		

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No data reporte	ed for whethe	er the genera	al acute care services and beds will be relocated numbers for buildings with a Building Resolution o	to a	new, existing or retrofitted building a	and any
corresponding	building sites	s or project i	numbers for buildings with a building resolution c) IX	rebuild of Replace per Section 130	0001(c)(z)(L).

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No data reporte	ed for Section	n 130061(c)	(3).		

Section 130061		ing Name: So	outh Wing / East Wing	l		
Type of Service	e Provided	. —				
			Surgical	Х	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare			X	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
Ш	escent		Radiological/	Х	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging		F	
		X	Pharmaceutical		Emergency	Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

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	ther by retrofit or by r				ach building will comply voe provided in each gene		
Building Number:	BLD-01423	Building Nar	ne: South Wing / Eas	st Wing			
Configuration:	Remove from GAC	service by	/1/2030				
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Гherapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	Ш	Linergency		Somular Idin
	are killed Nursing	X	Administration		Nuclear Medicine		Support Services

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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 acute care hospital building per Section 130061(c)(5)													
Building Number:													
Configuration:	Configuration: Remove from GAC service by 1/1/2030												
Type of Service Provided													
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis						
	Pediatric/Adol escent		Clinical Lab		receivery								
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	Obstetrical ante/Postprtum		Pharmaceutical		Emergency		Central Plant						
	ntermediate Care		Dietetic		Nuclear Medicine		Support						
s	Skilled Nursing	X	Administration				Services						

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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 acute care hospital building per Section 130061(c)(5)													
Building Number:													
Configuration:	Configuration: Remove from GAC service by 1/1/2030												
Type of Service Provided													
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy						
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis						
Pec esc	diatric/Adol ent		Clinical Lab		Recovery								
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient irgery						
	stetrical		Pharmaceutical										
Anu	e/Postprtum			Ш	Emergency	L Ce	entral Plant						
Inte Car	ermediate re		Dietetic		Nuclear Medicine		upport						
Skil	lled Nursing	Х	Administration			5	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 acute care hospital building per Section 130061(c)(5)													
Building Numbe	er: BLD-01427	Building Na	me: North Wing										
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided													
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	F	Renal Dialysis						
	Pediatric/Adol escent	X	Clinical Lab		Recovery								
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X (Central Plant						
	Intermediate Care		Dietetic	X	Nuclear Medicine	x	Support						
	Skilled Nursing		Administration		Nucleal Medicine	Λ.	Services						

eport Year:	2015 10606	Mercy General Hospital		Sacramento	Page:18 of 29							
	whether by retrofit or by	ldings on the hospital campus replacement and the type of so										
Building Number: BLD-03110 Building Name: Northeast Wing, Part D												
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Se	rvice Provided											
	Nursing	Surgical	Obste Cesa	etrical rean/Deliv	Rehabilitation Therapy							
	IntensiveCare	Anesthesia	Obste		Renal Dialysis							
	Pediatric/Adol escent	Clinical Lab	Reco	very								
	Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpatient Surgery							
	Obstetrical Ante/Postprtum	Pharmaceutical		_	7							
	Anten Ostpitain	Distatio	Emer	gency	Central Plant							
	Intermediate Care	Dietetic	Nucle	ear Medicine	Support							
	Skilled Nursing	Administration			Services							

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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 acute care hospital building per Section 130061(c)(5)												
Building Number: BLD-05211 Building Name: 2 Story Corridor Structure												
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided												
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
lı	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		Receivery							
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant					
	ntermediate Care		Dietetic		Nuclear Medicine		Support					
	Skilled Nursing		Administration				Services					

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildi	Building Number: BLD-01425 Building Name: Northeast Wing, Part A										
Type of Service Provided											
X	Nursing	Inpatient Beds	30		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine		Support Services		
X	Skilled Nursing	Inpatient Beds	38		Administration						
	Total Beds this Building		68								

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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-01426	Building Na	me: No	rtheast Wing, Part B					
Type of Service I	Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
IntensiveCar	re Inpatient Beds	0		Anesthesia					
Pediatric/Add	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 um Beds	0		Pharmaceutical		Emergency		Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
Skilled Nursi	ing Inpatient Beds	0		Administration					
Total Beds tl 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-01427 Building Name: North Wing											
Type of Service Pro	Type of Service Provided										
X Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	Rehate Thera	pilitation py				
X IntensiveCare	Inpatient Beds	24	X	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal	Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Centra	al Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Suppo Service	ort ees				
Skilled Nursing	Inpatient Beds	0		Administration							
Total Beds this Building		52									

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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-03110	Building Na	ame: No	rtheast Wing, Part D					
Type of Service Pr	rovided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical		Emergency		Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
Skilled Nursin	g Inpatient Beds	0		Administration					
Total Beds thi Building	s	0							

Report Y	/ear: 2015	10606 N	Mercy General Hos	pital			Sacramento		Page:24 of 29	
	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	g Number: BLD	D-05211	Building Name	2 5	Story Corridor Structure					
Type (of Service Prov	<u>ided</u>								
1	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
ı	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01425 Northeast Wing, Part A **Building Number: Building Name:** 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 38 0 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient 0 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 30 Inpatient 0 7018 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 68 68

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Report Year: 2015 10606 Mercy General Hospital Page:27 of 29 Sacramento 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-01427 North Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 28 Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 2281 Days Days Bed 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 Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 18 Inpatient 5521 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 52 52

Report Year: 2015 10606 Mercy General Hospital Page:28 of 29 Sacramento 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-03110 Northeast Wing, Part D **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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: 2015 10606 Mercy General Hospital Page:29 of 29 Sacramento 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-05211 2 Story Corridor Structure **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 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