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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:	11159		
Facility Name:	Commur	nity Memorial Hospital - San Buenaventura	
Address:	147 N. B	Brent Street	
City:	Ventura		
Hospital Owner/Lice	ensee:	Community Memorial Hospital of San Buenaventura	
Year of Rep	orting:	2015	
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	mitter:	John Oden	
Submission	Date:	9/28/2015 3:53:59 PM	

Report	Year: 2015 11159	O Community Memorial Hospita	I - San Buenaven	tura Ventura		Page:2 of 65
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- 00585	Goodyear Wing	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00586	Main Building & Additions	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00587	Gift Shop	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00588	West Wing & Addition	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017

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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-00585 Goodyear W	ing	Retro Proje	ofit/Replacement	Yes-Subr	nitted	
Facility Project Sub Number Number Num Scope	Dat	Plan Appro e In Date		Projected Completion Date		CEQA Review
11159 IS082255-0 0 SB 1661: NEW SIX WITH BASEMENT		8/200	08/18/2011	08/01/2016	ACTI	No
For each building which is planned for rebuild, projected construction start date or dates and p status and approvals per Section 130061(c)(1)	projected Completion date or o	e the project num lates per Section	nbers, per Section 7 1 130061(c)(1)(D) a	130061(c)(1)(C). nd the most rece	The nt project	
Building No: BLD-00586 Main Building	g & Additions	Retro Proje	ofit/Replacement ect:	Yes-Subr	nitted	
Facility Project Sub Number Number Num Scope	Dat	Plan Appro e In Date		Projected Completion Date		CEQA Review
11159 IS082255-0 0 SB 1661: NEW SIX WITH BASEMENT		8/200	12/18/2008	08/01/2016	ACTI	No
OSHPD FDD SB499 Report Data Last U	Update: 09/22/2015	Submission Date:	09/28/2015	Printed: 9/29/201	5 6:25 AM	

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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-00587 Gift Shop		Retrofi Project	t/Replacement	Yes-Sub	mitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approv Date	ed Projected Start Date	Projected Completion Date	Status	CEQA Review
11159 IS082255-0 0 SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT	12/18/200 8		08/08/2011	08/01/2016	ACTI	No
For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion dates status and approvals per Section 130061(c)(1)(E).						
Building No: BLD-00588 West Wing & Addition		Retrofi Project	t/Replacement ::	Yes-Sub	mitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approv Date	ed Projected Start Date	Projected Completion Date	Status	CEQA Review
11159 IS082255-0 0 SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT	12/18/200 8		08/08/2011	08/01/2016	ACTI	No
OSHPD FDD SB499 Report Data Last Update: 09/22/2015	Submi	ssion Date:	09/28/2015	Printed: 9/29/20	15 6·25 AM	

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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-00585	Building Name:	Goodyear Wing			
Type of Service Provided					
X Nursing Inpatient Beds	18 Inpatient 1521 Days	Surgical	X Obstetrical Recovery		
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby		
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Inpatient Ante/Postprtum Beds	10 Inpatient Days 2901	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services			
	Total Beds this 28 Building	X 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-00586	Building Name: Ma	ain Building & Additions			
Type of Service Provided					
X Nursing Inpatier Beds	t 157 Inpatient 27394 Days	X Surgical	Obstetrical Recovery		
IntensiveCare Inpatier Beds	t 0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby		
Pediatric/Adol Inpatier escent Beds	t 5 Inpatient Days 360	Clinical Lab	Emergency		
Psychiatric Inpatier Nursing Beds	t 0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Inpatier Ante/Postprtum Beds	t 0 Inpatient Days 2901	Pharmaceutical X Dietetic	Rehabilitation Therapy		
Intermediate Inpatier Care Beds	t 0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing Inpatien	t 0 Inpatient Days 0	X Support Services	X Outpatient Surgery		
Beds	Total Beds this 162 Building	Obstetrical Cesarean/Deliv	X 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: BL	D-00587	Building Name: Gif	t Shop			
Type of Service Provi	<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	PharmaceuticalX 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		
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant		
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Provide the number o	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-00588	Building Name: We	st Wing & Addition		
Type of Service Prov	<u>vided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
X IntensiveCare	Inpatient Beds	21 Inpatient Days 5402	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X 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		Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deus	Total Beds this 21 Building	Obstetrical Cesarean/Deliv	Central Plant	
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Provide the number of Inpatient beds and patie	ent days per type of unit per building per Section	130061(c)(1)(F)	
Building Number: BLD-00585 Buil	ding Name: Goodyear Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 18 Inpatient 1521 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 10 Inpatient 2901 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Bed Building Per Building Unit Service	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	28	28
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Provide the number of Inpatient beds a	nd patient days per type of unit per building per Sectio	on 130061(c)(1)(F)
Building Number: BLD-00586	Building Name: Main Building & Additions	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 157 Inpatient 2739 Bed Days 4	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 2901 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 5 Inpatient 360 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	162 162

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number: BLD-00587 Building Name: Gift Shop							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number: BLD-00588 Building Name: West Wing & Addition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 10 Inpatient 2330 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service				
Inpatient 11 Inpatient 3072 Bed Days	Inpatient 0 Inpatient 0 Bed Days	21 21				

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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-00585	Goodyear Wing	Rebuild
BLD-00586	Main Building & Additions	Rebuild
BLD-00587	Gift Shop	Rebuild
BLD-00588	West Wing & Addition	Rebuild
BLD-00589	South Wing	Remain
BLD-00590	North Wing & OB/Gyn Addition	Remain
BLD-00591	Ambulatory Surgery & OB/Gyn Addition	Remain
BLD-00592	E.R. Addition	Remain
BLD-00593	Emergency Generator Building	Remain
BLD-03250	E.R. Addition Bridge	Remain
BLD-03251	Service Building	Remain
BLD-03252	Bridge Addition	Remain
BLD-03253	Brent Street Bridge	Remain

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List ALL proposed new buildings to be constructed at this or another site.						
Building Number	Building Name	New Site				
N_1	Replcmt (IS082255-0)					
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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	Building Number: BLD-00585 Goodyear Wing Removal Date: 03/01/2017							
Planned	Uses for the buildi	ng to be remo	ved from acute car	re service:				
	use for building:	-		Jurisdiction:	OSHPD]		
Inpatient	services currently Nursing	delivered in th	<u>ie building:</u> Surgical	X	Obstetrical Cesarean/De	liv	Rehabilitation Therapy	1
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab	X	Obstetrical Recovery		Renal Dialysi	S
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		X Central Plant	:
	Intermediate Care		Dietetic				—	
	Skilled Nursing		Administration		Nuclear Medicine		X Support Services	
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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 Number: BLD-	Building Number: BLD-00586 Main Building & Additions Removal Date: 03/01/2017					
Planned Uses for the build	ling to be removed from acute care servi	ice:				
Planned use for building:	Other Juris	sdiction:				
Other Usage:	Administrative, Support Services, Medi	ical Office and other. All unc	ler OSHPD jurisdiction.			
Inpatient services currently	v delivered in the building:					
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	v Rehabilitation	1		
IntensiveCare	X Anesthesia	Obstetrical				
X Pediatric/Adol escent	Clinical Lab	Recovery	Renal Dialys	15		
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
X Obstetrical Ante/Postprtum	Pharmaceutical	□				
	X Dietetic	L Emergency	Central Plan	ſ		
Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services			
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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 Number: BLD-	Building Number: BLD-00587 Gift Shop Removal 03/01/2017 Date:					
Planned Uses for the buil	ding to be removed from acute care se	ervice:				
Planned use for building:	Other J	urisdiction:				
Other Usage:	Remodeled building entry, under OS	SHPD jurisdiction.				
Inpatient services current	y delivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/Deliv	/ Rehabilitation			
IntensiveCare	Anesthesia	Obstetrical				
Pediatric/Adol escent	Clinical Lab	Recovery	Renal Dialysi	S		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	X Dietetic	Emergency				
Skilled Nursing	Administration	Nuclear Medicine	X Support Services			
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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 Number: BLD-00588 West Wing & Addition Removal Date: 03/01/2017					
Planned Uses for the bu	ilding to be removed from acute	care service:			
Planned use for building	j: Other	Jurisdiction:			
Other Usage	Clinic, Administration, Social under OSHPD jurisdiction	Services and other support function	s, outpatient laboratory		
Inpatient services currer	tly delivered in the building:	_	_		
Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilit Therapy	tation	
X IntensiveCare	Anesthesia	_			
Pediatric/Ado escent	X Clinical Lab	Obstetrical Recovery	Renal Di	alysis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	ent	
Obstetrical Ante/Postprtu	m Pharmaceutic	al	Central I	Plant	
Intermediate Care	Dietetic	Emergency			
Skilled Nursir	g Administration	Nuclear Medicine	X Support Services	5	
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No data reported	for Section	n 130061(c))(2)(D).		

ko data reported for Section 130061(c)(2)(D).	Report Year:	2015	11159	Community Memorial Hospital - San Buenaventura	Ventura	Page:20 of 65
	No data reported	for Section	n 130061(c))(2)(D).		

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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 Bl Number:	D-00585 Building Name:	Goodyear Wing			
Will general acute ca	re services and beds will be r	elocated to a new, Existing or retrofitted	building?		
Nursing	Relocated to new building]		
Report whether the g building sites or proje	peneral acute care services ar ect numbers for buildings with	nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re	ng or retrofitted building and any co eplace" per Section 130061(c)(2)(E	prresponding E)	
Number:	_D-00585 Building Name:	Goodyear Wing			
	re services and beds will be r	elocated to a new, Existing or retrofitted	building?		
Obstetrical Ante Postprtum	Relocated to new building				
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re			
Building BI Number:	D-00585 Building Name:	Goodyear Wing			
Will general acute ca	re services and beds will be r	elocated to a new, Existing or retrofitted	building?		
Support Services	Relocated to new building]		
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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 corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00585 Building Name: Goodyear Wing Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Obstetrical Cesarean/Deliv	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00585 Building Name: Goodyear Wing Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Obstetrical Recovery Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00585 Building Name: Goodyear Wing Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Newborn/Well Baby Relocated to new building	
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Nursing Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Pediatric Adolescent Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Obstetrical Ante Postprtum	
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Report whether the general acute care building sites or project numbers for bu				
Building BLD-00586 Buildi Number:	ing Name: Main Building & Ad	ditions		
Will general acute care services and be	eds will be relocated to a new, E	xisting or retrofitted b	uilding?	
Surgical Relocated to n	ew building			
Report whether the general acute care building sites or project numbers for bu				
Building BLD-00586 Buildi Number:	ing Name: Main Building & Ad	ditions		
Will general acute care services and be	eds will be relocated to a new, E	xisting or retrofitted b	uilding?	
Anesthesia Relocated to n	ew building			
Report whether the general acute care building sites or project numbers for bu				
Building BLD-00586 Build Number:	ing Name: Main Building & Ad	ditions		
Will general acute care services and be	eds will be relocated to a new, E	xisting or retrofitted b	uilding?	
Radiological/Imaging Relocated to n	ew building			
OSHPD FDD SB499 Report Da	ata Last Update: 09/22/2015	Submission Date:	: 09/28/2015 Printed	i: 9/29/2015 6:25 AM

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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 corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Dietetic Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Administration N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	esponding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Support Services Relocated to new & other Building	
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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 corres building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	sponding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
OutpatientSurgery Relocated to new & other Building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corres building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	sponding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
CentralPlant Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corres building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	sponding
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Medical/Surgical (Include GYN)	
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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 con- building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Pediatric Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any con building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00587 Building Name: Gift Shop	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Dietetic Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any con- building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building BLD-00587 Building Name: Gift Shop	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Support Services Relocated to new building	
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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 corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	esponding
Building BLD-00588 Building Name: West Wing & Addition	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Intensive Care Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	esponding
Building BLD-00588 Building Name: West Wing & Addition	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
ClinicalLab Relocated to new building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	esponding
Building BLD-00588 Building Name: West Wing & Addition	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Support Services Relocated to new & other Building	
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Report whether the g building sites or proje	eneral acute care services ar ect numbers for buildings with	nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re	ng or retrofitted building and any o eplace" per Section 130061(c)(2)	corresponding (E)
Building BL Number:	D-00588 Building Name:	West Wing & Addition		
Will general acute ca	re services and beds will be r	elocated to a new, Existing or retrofitted	building?	
Emergency	Relocated to new building]	
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		
Building BL Number:	D-00588 Building Name:	West Wing & Addition		
Will general acute ca	re services and beds will be r	elocated to a new, Existing or retrofitted	building?	
Intensive Care	Relocated to new building]	

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No data reported	for Section	n 130061(c))(3).		

Report Year: 2015	11159 Comm	unity Memorial Hospital - San Buen	aventura Ventura		Page:31 of 65
Report any general a per Section 130061(c	cute care hospital inpat c)(4)	tient service that is provided in any	general acute care hospital	building that is rate	d SPC-1
Building Number:	BLD-00585 Building	g Name: Goodyear Wing			
Type of Service I	Provided				
		Surgical	X Obstetrical Cesarean/Deliv	Rehabili Therapy	
X	Nursing	Anesthesia	_	_	
	IntensiveCare		X Obstetrical Recovery	Renal D	lialysis
	Pediatric/Adol escent	Clinical Lab	X Newborn/	Outpatie Surgery	
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services	
	Intermediate Care	Administration			
	Skilled Nursing				
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	acute care hospital inpat	unity Memorial Hospital - San Buen ient service that is provided in any		ouilding that is rate	Page:32 of 65 ed SPC-1
per Section 130061 Building Number:		Name: Main Building & Additio	ns		
Type of Service	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
X	Nursing	X Anesthesia			Nichroic
	IntensiveCare		Obstetrical Recovery	Renal D	ກaiySIS
X	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	X Outpation Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	X Central	Plant
X	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Service	
	Intermediate Care	X Administration			
	Skilled Nursing				
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Report any general per Section 130061		ient service that is provided in any g	general acute care hospital b	uilding that is rate	d SPC-1
Building Number:	BLD-00587 Building	Name: Gift Shop			
Type of Service	Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal D	ialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpatie Surgery	ent
	Psychiatric Nursing	Radiological/ Imaging	WellBaby		
		Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services	3
	Intermediate Care	Administration			
	Skilled Nursing				
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uilding Number:			st Wing & Addition	general				
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia					
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	5
	Pediatric/Adol	X	Clinical Lab		, ,		Outpatient	
	escent		Radiological/		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Imaging	_				
_	, i i i i i i i i i i i i i i i i i i i		Pharmaceutical	Х	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-00585	Building Name: Goodyear Wing							
Configuration: Remove from GAC service by 1/1/2030								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	pilitation py				
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal	Dialysis				
Pediatric/Adol escent	Clinical Lab							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centra	al Plant				
Intermediate Care	Dietetic	Nuclear Medicine						
Skilled Nursing	Administration		Supp Servi					
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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-00586 Building Name: Main Building & Additions							
Configuration: Remove from GAC service by 1/1/2030							
Type of Service Provided							
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation IPY			
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis			
Pediatric/Adol escent	Clinical Lab	Receivery					
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant			
Intermediate Care	Dietetic						
Skilled Nursing	Administration	Nuclear Medicine	Supp Servi				
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	her by retrofit or by		hospital campus showin and the type of service t						
Building Number:	BLD-00587	Building Na	me: Gift Shop						
Configuration:	Remove from GA	C service by	1/1/2030						
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesar	trical rean/Deliv		Rehabilitatic Therapy	n
	ensiveCare		Anesthesia		Obste Recov			Renal Dialys	sis
	diatric/Adol cent		Clinical Lab		Recov	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emerç	gency		Central Plan	t
Inte Ca	ermediate are		Dietetic		Nucle	ar Medicine		Support	
Sk	illed Nursing		Administration					Services	
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	her by retrofit or by		hospital campus showin and the type of service t						
Building Number:	BLD-00588	Building Na	me: West Wing & Addi	tion					
Configuration:	Remove from GA	C service by	1/1/2030						
Type of Service	Provided								
Nu	irsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy	ı
	ensiveCare		Anesthesia		Obste Recov			Renal Dialys	is
	diatric/Adol cent	X	Clinical Lab		10001				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emerg	gency		Central Plant	
Inte Ca	ermediate re		Dietetic		Nuclea	or Madiaiaa		Gunnart	
	illed Nursing	X	Administration		NUCIE	ar Medicine	X	Support Services	
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ig how e hat will l	ach bui be provi	lding will comply with ided in each general	h the SP acute ca	C-5/NPC-4 or 5 are hospital buildir	g
Building Number:	BLD-00589	Building Na	me: South Wing						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesai	etrical rean/Deliv		Rehabilitation Therapy	
Int	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Neco	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emer	gency		Central Plant	
Int Ca	ermediate are		Dietetic		Nuclo	ar Medicine		Support	
	illed Nursing		Administration		Nucle			Services	
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	her by retrofit or by		hospital campus showir and the type of service						
Building Number:	BLD-00590	Building Na	me: North Wing & OB	/Gyn Ado	dition				
Configuration:	N/A								
Type of Service	e Provided								
Nu	ursing		Surgical		Obste Cesa	etrical rean/Deliv		Rehabilitatio Therapy	n
Int	tensiveCare		Anesthesia		Obste Reco			Renal Dialys	is
	ediatric/Adol cent		Clinical Lab		1000	, or y			
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emer	gency		Central Plan	t
Int Ca	ermediate are		Dietetic		Nucle	ar Medicine		Support	
Sk	illed Nursing		Administration					Services	
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	uildings on the hospital campus show by replacement and the type of service				
Building Number: BLD-00591	Building Name: Ambulatory Surg	ery & OB/Gyn Ao	ddition		
Configuration: N/A					
Type of Service Provided					
Nursing	Surgical	Obste Cesa	etrical rean/Deliv	Reha Thera	bilitation apy
	Anesthesia	Obste Reco		Rena	l Dialysis
Pediatric/Adol escent	Clinical Lab				
Psychiatric Nursing	Radiological/ Imaging	Newb WellB		Outpa Surge	
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Centr	al Plant
Intermediate Care	Dietetic	Nucle	ar Medicine	Supp	port
Skilled Nursing	Administration			Servi	ices
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	ner by retrofit or by		hospital campus showin and the type of service t						l
Building Number:	BLD-00592	Building Na	me: E.R. Addition						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesar	etrical rean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Neco	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emer	gency		Central Plant	
Inte Ca	ermediate Ire		Dietetic		Nucle	ar Medicine		Support	
Sk	illed Nursing		Administration		Nucic			Services	
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	ner by retrofit or by		hospital campus showin and the type of service t						
Building Number:	BLD-00593	Building Na	me: Emergency Gener	rator Buil	ding				
Configuration:	N/A								
Type of Service	Provided								
Nu	rsing		Surgical		Obste Cesar	etrical ean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
	diatric/Adol cent		Clinical Lab						
	ychiatric rsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	stetrical te/Postprtum		Pharmaceutical		Emerg	gency		Central Plant	
Inte Ca	ermediate		Dietetic						
	illed Nursing		Administration		Nucle	ar Medicine		Support Services	
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	her by retrofit or by		hospital campus showin and the type of service t						
Building Number:	BLD-03250	Building Na	me: E.R. Addition Bridg	ge					
Configuration:	N/A								
Type of Service	Provided								
Nu	irsing		Surgical		Obste Cesar	etrical rean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Recor	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emerg	gency		Central Plant	
Inte Ca	ermediate		Dietetic					0	
	illed Nursing		Administration		NUCIE	ar Medicine		Support Services	
OSHPD FDD SB499 R	Report D	ata Last Updat	e: 09/22/2015	Submiss	ion Date	e: 09/28/2015	Printed:	9/29/2015 6:25 AM	

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Report the final con requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	g how e hat will l	ach bui be provi	lding will comply with ided in each general	the SP acute ca	C-5/NPC-4 or 5 ire hospital building	
Building Number:	BLD-03251	Building Na	me: Service Building						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesar	etrical rean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
-	ediatric/Adol cent		Clinical Lab		Recov	, cry			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	gency		Central Plant	
Inte Ca	ermediate are		Dietetic		Nucle	ar Medicine		Support	
Sk	illed Nursing		Administration					Services	
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ig how e hat will l	ach bui be provi	lding will comply with ided in each general	n the SP acute ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-03252	Building Na	me: Bridge Addition						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesai	etrical rean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
-	ediatric/Adol cent		Clinical Lab		Neco	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emer	gency		Central Plant	
Inte Ca	ermediate are		Dietetic		Nuclo	ar Medicine		Support	
	illed Nursing		Administration		Nucle			Services	
				<u> </u>					
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	g how e hat will l	ach bui be provi	lding will comply with ided in each general	the SP acute ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-03253	Building Na	me: Brent Street Bridge	e					
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesai	etrical rean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
-	ediatric/Adol cent		Clinical Lab		Reco	very			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emer	gency		Central Plant	
Inte Ca	ermediate		Dietetic		Nusla	or Madiaiaa		Current	
	illed Nursing		Administration		NUCIE	ar Medicine		Support 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) Building Number: BLD-00589 Building Name: South Wing
Type of Service Provided Nursing Inpatient 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Pediatric/Adol Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient Beds 0 X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery
Nursing Inpatient Beds 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Renal Dialysis Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Nursing Inpatient Beds 0 X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery
Beds Image: Cesarean/Deliv Therapy IntensiveCare Inpatient Beds Image: Cesarean/Deliv Therapy Pediatric/Adol Inpatient Beds Image: Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient Beds Image: Clinical Lab Newborn/ WellBaby Outpatient Surgery
Beds Clinical Lab Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Newborn/WellBaby Outpatient Surgery
Pediatric/Adol Inpatient 0 Clinical Lab Recovery Psychiatric Inpatient 0 X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery
Description Description Nursing Beds
Obstetrical Inpatient 0 Ante/Postprtum Beds
Intermediate Inpatient 0 Care Beds 0 Dietetic X Nuclear X Support Medicine Services
Skilled Nursing Administration
Total Beds this 0 Building
OSHPD FDD SB499 Report Data Last Update: 09/22/2015 Submission Date: 09/28/2015 Printed: 9/29/2015 6:25 AM

Report	Year: 2015	11159	Community Me	emorial Hos	pital - San Buenaver	ntura	Ventura		Page:49 of 65
	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-00590 Building Name: North Wing & OB/Gyn Addition								
Туре	e of Service Prov	<u>vided</u>							
X	Nursing	Inpatient Beds	15	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	16	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery	<u> </u>	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		31						
			Dete Lest Us de l	00/00/00	45 0.4		00/20/2045	Drints de la	100/2015 0:25 AM
OSHPL	FDD SB499 Repor	π	Data Last Update:	09/22/20	15 Submissi	on Date	09/28/2015	Printed: 9	/29/2015 6:25 AM

nclude 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-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition								
_	of Service Provi	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deli		abilitation apy
lr	ntensiveCare	Inpatient Beds	0	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	atient ery
	Dbstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	port ices
s	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

Report Year: 2	2015 11159	Community Me	emorial Hos	spital - San Buenave	entura Ventura		Page:51 of 65
	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-00592	Building N	ame: E.I	R. Addition			
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveC	are Inpatient Beds	0		Anesthesia			
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis
Psychiatric	lnpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postp		0		Pharmaceutical	X Emergency	Centr	al Plant
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	
Skilled Nur	sing Inpatient Beds	0		Administration			
Total Beds Building	this	0					
OSHPD FDD SB499	Report I	Data Last Update:	09/22/20)15 Submiss	ion Date: 09/28/2015	Printed: 9/29/2	015 6:25 AM

					spital - San Buenavent Service provided by bu		Ventura that are classified a	as SPC-2, S	Page:52 of 65 SPC-3, SPC-4,
Buildi	Building Number: BLD-00593 Building Name: Emergency Generator Building								
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re Re	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Itpatient Irgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X Ce	entral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Su Se	pport rvices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
) FDD SB499 Repo		Data Last Update	: 09/22/20	015 Submission		09/28/2015		9/2015 6:25 AM

Includ	Year: 2015 de information on 6 SPC-5 per Section				spital - San Buenaver Service provided by I	ntura Ventura	as SPC-2, SPC	Page:53 of 65 C-3, SPC-4,
		D-03250	Building N	Jame: E.	R. Addition Bridge			
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 Rena	Il Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centr	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
снрг	FDD SB499 Repor	rt D	ata Last Update	: 09/22/20)15 Submissi	on Date: 09/28/2015	Printed: 9/29/2	015 6:25 AM

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-03251 Building Name: Service Building Type of Service Provided
Type of Service Provided Nursing Inpatient 0 Beds 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Renal Dialysis Psychiatric Inpatient 0 Radiological/ Newborn/ Outpatient Nursing Inpatient 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Dietetic Nuclear Support Intermediate Inpatient 0 Inpatient Support Services
Nursing Inpatient Beds 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Renal Dialysis Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient Beds 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient Beds 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient Beds 0 Inpatient 0 Inpatient Support
Intensive Care Inpatient 0 Anesthesia Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Recovery Renal Dialysis Pediatric/Adol Inpatient 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Inpatient 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient 0 Inpatient Imaging Support Support
Beds Clinical Lab Pediatric/Adol Inpatient Beds Inpatient Inpatient Beds Inpatient Inpatient Beds Inpatient Inpatient Inpatient Inpatient Beds Inpatient Inpatient </td
Pediatric/Adol Inpatient 0 Psychiatric Inpatient 0 Nursing Inpatient 0 Surgery Inpatient 0 Obstetrical Inpatient 0 Ante/Postprtum Inpatient 0 Intermediate Inpatient 0 Intermediate Inpatient 0
Psychiatric Inpatient 0 Imaging Newsonny Outputtont Nursing Beds 0 Pharmaceutical Surgery Obstetrical Inpatient 0 Pharmaceutical Emergency X Central Plant Intermediate Inpatient 0 Dietetic Nuclear Support Services Inpatient 0 Imaging Nuclear Support
Obstetrical Ante/Postprtum Inpatient Beds 0 Image: Central Plant Intermediate Care Inpatient Beds 0 Image: Dietetic Image: Nuclear Medicine Support Services
Intermediate Inpatient 0 Care Beds Services
Skilled Nursing Administration Inpatient 0 Beds Inpatient
Total Beds this 0 Building
OSHPD FDD SB499 Report Data Last Update: 09/22/2015 Submission Date: 09/28/2015 Printed: 9/29/2015 6:25 AM

Building Number: BLD-03252 Building Name: Bridge Addition Type of Service Provided					spital - San Buenave Service provided by	ntura Ventura	as SPC-2, SPC	Page:55 of 65 C-3, SPC-4,
Nursing Inpatient Image IntensiveCare Inpatient Image Beds Image Image Pediatric/Adol Inpatient Image Beds Image Image Psychiatric Inpatient Image Nursing Impatient Image Psychiatric Inpatient Image Beds Image Image Psychiatric Inpatient Image Psychiatric Image Image Psychiatric Inpatient Beds Image Image Image Image<	and SPC-5 per Section 130061(e) Building Number: BLD-03252 Building Name: Bridge Addition							
Intensive Care Inpatient Beds Pediatric/Adol Inpatient Beds Imaging Clinical Lab Obstetrical Renal Dialysis Psychiatric Nursing Inpatient Beds Imaging Nursing Intermediate Inpatient Beds Intermediate Inpatient Beds <tr< td=""><td colspan="8">Type of Service Provided</td></tr<>	Type of Service Provided							
Beds Clinical Lab Pediatric/Adol Inpatient Beds Impatient Psychiatric Inpatient Nursing Inpatient Beds Impatient Obstetrical Inpatient Beds Impatient Impatient Impatient </td <td>Nursing</td> <td></td> <td>0</td> <td></td> <td>Surgical</td> <td></td> <td></td> <td></td>	Nursing		0		Surgical			
Pediatric/Adol Inpatient 0 Psychiatric Inpatient 0 Nursing Inpatient 0 Obstetrical Inpatient 0 Ante/Postprtum Beds 0 Intermediate Inpatient 0 Skilled Nursing Inpatient 0 Inpatient 0	Intensive		0		Anesthesia			
Psychiatric Inpatient 0 Imaging Newborns Output ent Nursing Beds 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Dietetic Nuclear X Support Intermediate Inpatient 0 Administration Administration			0		Clinical Lab		Rena Rena	Il Dialysis
Obstetrical Inpatient Ante/Postprtum Beds Intermediate Inpatient Beds 0 Dietetic Nuclear Medicine X Skilled Nursing Inpatient Beds Inpatient Inpatient Beds Inpatient Inpa			0			Newborn/ WellBaby		
Intermediate Inpatient 0 Care Beds 0 Skilled Nursing Inpatient 0 Beds 0 Total Beds this 0			0		Pharmaceutical	Emergency	Centi	ral Plant
Inpatient 0 Total Beds this 0			0		Dietetic			
	Skilled N	Inpatient	0		Administration			
			0					

					spital - San Buenave Service provided by	ntura Ventura	as SPC-2, SPC	Page:56 of 65 C-3, SPC-4,
		0-03253	Building N	Name: Br	ent Street Bridge			
Туре	e of Service Prov	lded						
	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	Supp Servi	ort ces
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

SPC-5 per Section 130	061(e)	beds by type of unit provided by buildings	that are classified as SPC-2, SPC-3,	SPC-4, and		
Building Number: BLD-00589 Building Name: South Wing						
Medical / Surgical (Inc	lude GYN)	Acute Psychiatric				
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient (Bed Days	Bed Inpatient 0 Inpatier Days	nt 0		
Perinatal (Exclude Ne	wborn / GYN)	Burn	Skilled Nursing			
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient (Bed Days] Inpatient 0 Inpatier Bed Days	nt 0		
Pediatric		Intensive Care Newborn Nursery	Intermediate Care			
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient (Bed Days	Inpatient 0 Inpatier Bed Days	nt O		
ntensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled			
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient (Bed Days	Inpatient 0 Inpatier Bed Days	nt 0		
Coronary Care		Chemical Dependency		l Beds this ding Per		
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient (Bed Days	– Unit Serv			

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)	
	d
Building Number: BLD-00590 Building Name: North Wing & OB/Gyn Addition	
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric	
Inpatient 15 Inpatient 2536 Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing	
Inpatient 0 Days	
Pediatric Intensive Care Newborn Intermediate Care Nursery	
Inpatient0Inpatient360Inpatient16Inpatient4368Inpatient0Inpatient0BedDaysBedDaysBedDaysBedDaysDaysDaysDays	
Intensive Care Int. Care / Developmentally Intensive Care Care Care Care Center	
Inpatient0Inpatient0Inpatient0Inpatient0Inpatient0BedDays0BedDays0BedDays0	
Coronary CareChemical DependencyTotal Beds thisTotal Beds thisBuilding PerBuilding PerBuilding PerBuilding Per	;
Inpatient0Inpatient0Inpatient0Inpatient0UnitServiceBedDays0Days0313131	
OSHPD FDD SB499 Report Data Last Update: 09/22/2015 Submission Date: 09/28/2015 Printed: 9/29/2015 6:25 AM	

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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-00591 Build	ding Name: Ambulatory Surgery & OB/G	yn Addition				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 6 Inpatient 2901 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 6 0				
OSHPD FDD SB499 Report Data Last U	pdate: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM				

Report Year: 2015 11159 Commu	nity Memorial Hospital - San Buenaventura	Page:60 of 65
Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00592 Bu	ilding Name: E.R. Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
OSHPD FDD SB499 Report Data Last	Update: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM

Report Year: 2015 11159 Commun	ity Memorial Hospital - San Buenaventura	entura Page:61 of 65			
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-00593 Building Name: Emergency Generator Building					
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care Rehabilitation Disabled Center					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0			
OSHPD FDD SB499 Report Data Last U	pdate: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM			

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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-03250 Building Name: E.R. Addition Bridge					
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0			
OSHPD FDD SB499 Report Data Last U	pdate: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM			

Report Year:201511159CommuniInclude information on the number of inpatient bSPC-5 per Section 130061(e)		enturaPage:63 of 65are classified as SPC-2, SPC-3, SPC-4, and
	ling Name: Service Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
DSHPD FDD SB499 Report Data Last Up	odate: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM

	unity Memorial Hospital - San Buenaventura	Ventura Page:64 of 65 are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-03252 B	uilding Name: Bridge Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
OSHPD FDD SB499 Report Data Las	Update: 09/22/2015 Submission Date:	09/28/2015 Printed: 9/29/2015 6:25 AM

Ledical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 <thinpatient< th=""></thinpatient<>	Leport Year: 2015 1 nclude information on the n 5PC-5 per Section 130061(number of inpatient bec	Memorial Hospital - ds by type of unit pro		ntura e classified as SPC-2, S	Page:65 of 65 PC-3, SPC-4, and
apatient 0 Inpatient 0	Building Number: BLD-	03253 Buildir	ng Name: Brent	t Street Bridge		
ed Days Bed Days Bed O Days Days erinatal (Exclude Newborn / GYN) Burn Skilled Nursing apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 ediatric Intensive Care Newborn Intermediate Care Intermediate Care apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 <t< td=""><td colspan="5">Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric</td><td></td></t<>	Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 ediatric Intensive Care Newborn Intermediate Care Intermediate Care apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inp						
ed Days Bed Days Bed Days ediatric Intensive Care Newborn Nursery Intermediate Care apatient 0 Inpatient 0 Inpatient 0	Perinatal (Exclude Newbo	orn / GYN)	Burn		Skilled Nursing	
Nursery apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 ed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 ed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 attensive Care Rehabilitation Center Rehabilitation Center Inpatient 0 Inpatient 0 Inpatient 0 apatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 oronary Care Chemical Dependency Total Beds this Building Per Unit Total Beds this Building Per Service Total Beds this Building Per Service						
ed Days Bed Days Bed Days intensive Care Rehabilitation Center Int. Care / Developmentally Disabled inpatient 0 Inpatient 0 Inpatient 0	Pediatric			vborn	Intermediate Care	
Intensive Care Rehabilitation Center Disabled Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0						
ed Days Bed Days Bed Days oronary Care Chemical Dependency Total Beds this Building Per Unit Total Beds this Building Per Service	ntensive Care				Int. Care / Developme Disabled	entally
patient 0 Inpatient 0 Inpatient 0 Inpatient 0						
ipatient 0 Inpatient 0 Inpatient 0 Inpatient 0	Coronary Care		Chemical Depende	ncy	Building Per	Building Per