



### 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:	<input type="text" value="11672"/>
Facility Name:	<input type="text" value="Glendora Community Hospital"/>
Address:	<input type="text" value="150 W. Route 66"/>
City:	<input type="text" value="Glendora"/>

Hospital Owner/Licensee:	<input type="text" value="East Valley Glendora Hospital LP"/>
Year of Reporting:	<input type="text" value="2015"/>
Contact 1 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 2 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 3 e-mail Address::	<input type="text" value="[Confidential data left blank intentionally.]"/>
Name of Submitter:	<input type="text" value="Brad Hawn"/>
Submission Date:	<input type="text" value="12/17/2015 9:38:43 AM"/>

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-00151	Original Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD-00152	Emergency Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD-00153	1966 Addition - West	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD-03521	1966 Addition - East	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019

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-00151** **Original Building** Retrofit/Replacement Project: **Hazus-Planned**

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11672	H142627-19-00	0		11/12/2014	10/8/2015 12:00:00 AM	07/01/2015		PEND	No

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-00152** **Emergency Building** Retrofit/Replacement Project: **Hazus-Planned**

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11672	H142627-19-00	0		11/12/2014	10/8/2015 12:00:00 AM	07/01/2015		PEND	No

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-00153

1966 Addition - West

Retrofit/Replacement  
Project:

Hazus-Planned

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11672	H142627-19 -00	0		11/12/2014	10/8/2015 12:00:00 AM	07/01/2015		PEND	No

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-03521

1966 Addition - East

Retrofit/Replacement  
Project:

Hazus-Planned

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11672	H142627-19 -00	0		11/12/2014	10/8/2015 12:00:00 AM	07/01/2015		PEND	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00151

Building Name: Original Building

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="40"/>	Inpatient Days	<input type="text" value="1626"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Inpatient Days	<input type="text" value="445"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="21"/>	Inpatient Days	<input type="text" value="4441"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="30"/>	Inpatient Days	<input type="text" value="318"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
Total Beds this Building				<input type="text" value="101"/>

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Surgical              | <input type="checkbox"/> Obstetrical Recovery          |
| <input checked="" type="checkbox"/> Anesthesia            | <input type="checkbox"/> Newborn/ WellBaby             |
| <input checked="" type="checkbox"/> Clinical Lab          | <input type="checkbox"/> Emergency                     |
| <input checked="" type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Nuclear Medicine   |
| <input checked="" type="checkbox"/> Pharmaceutical        | <input type="checkbox"/> Rehabilitation Therapy        |
| <input checked="" type="checkbox"/> Dietetic              | <input type="checkbox"/> Renal Dialysis                |
| <input type="checkbox"/> Administration                   | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input checked="" type="checkbox"/> Support Services      | <input type="checkbox"/> Central Plant                 |
| <input type="checkbox"/> Obstetrical Cesarean/Deliv       |  |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00152

Building Name: Emergency Building

**Type of Service Provided**

Nursing Inpatient Beds 21 Inpatient Days 1073

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adol escent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 21

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv

Central Plant

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00153

Building Name: 1966 Addition - West

**Type of Service Provided**

Nursing Inpatient Beds 6 Inpatient Days 1084

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adol escent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 6

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-03521

Building Name: 1966 Addition - East

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant



Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00151

Building Name: Original Building

**Medical / Surgical (Include GYN)**

Inpatient Bed 40 Inpatient Days 1626

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 21 Inpatient Days 4441

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 30 Inpatient Days 318

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 5 Inpatient Days 445

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 5 Inpatient Days 444

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

101

**Total Beds this Building Per Service**

101

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00152

Building Name: Emergency Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00153

Building Name: 1966 Addition - West

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-03521

Building Name: 1966 Addition - East

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

<b>Building Number</b>	<b>Building Name</b>	<b>Building to be Removed / Replaced / Rebuilt</b>
BLD-00151	Original Building	Retrofit
BLD-00152	Emergency Building	Retrofit
BLD-00153	1966 Addition - West	Retrofit
BLD-03521	1966 Addition - East	Retrofit

No proposed new buildings to be constructed at this or another site.

No data reported for Section 130061 (c)(2)(A) , (B), or (C)

No data reported for Section 130061(c)(2)(D).



No data reported for Section 130061(c)(2)(D).

No data reported for 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).

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

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: BLD-00151

Building Name: Original Building

**Type of Service Provided**

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Nursing                | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv  | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare          | <input checked="" type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery        | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Pediatric/Adol<br>escent          | <input checked="" type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby           | <input checked="" type="checkbox"/> Outpatient<br>Surgery     |
| <input checked="" type="checkbox"/> Psychiatric<br>Nursing | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                      | <input checked="" type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum     | <input checked="" type="checkbox"/> Pharmaceutical           | <input checked="" type="checkbox"/> Nuclear<br>Medicine | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care              | <input checked="" type="checkbox"/> Dietetic                 | <input type="checkbox"/> Administration                 |   |
| <input type="checkbox"/> Skilled Nursing                   |  |   |   |

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number: BLD-00152 Building Name: Emergency Building

### Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number: BLD-00153 Building Name: 1966 Addition - West

### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursing            | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number: BLD-03521 Building Name: 1966 Addition - East

### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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-00151 Building Name: Original Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing                | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                     | <input checked="" type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Pediatric/Adol<br>escent          | <input checked="" type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input checked="" type="checkbox"/> Outpatient<br>Surgery     |
| <input checked="" type="checkbox"/> Psychiatric<br>Nursing | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input checked="" type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum     | <input checked="" type="checkbox"/> Pharmaceutical           | <input checked="" type="checkbox"/> Nuclear Medicine   | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care              | <input checked="" type="checkbox"/> Dietetic                 | <input type="checkbox"/> Administration                |   |
| <input type="checkbox"/> Skilled Nursing                   | <input type="checkbox"/> Administration                      |  |   |



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-00152

Building Name: Emergency Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Nursing            | <input type="checkbox"/> Surgical                            | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                          | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input checked="" type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Pharmaceutical                | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Dietetic                            | <input checked="" type="checkbox"/> Emergency          | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input checked="" type="checkbox"/> Administration           | <input type="checkbox"/> Nuclear Medicine              |  |
| <input type="checkbox"/> Skilled Nursing               |  |  |  |

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-00153

Building Name: 1966 Addition - West

Configuration: [Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030](#)**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursing            | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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-03521

Building Name: 1966 Addition - East

Configuration: [Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030](#)**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

No data reported for Section 130061(e)

No data reported for Section 130061(e) .