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:	11846							
Facility Name:	Long Be	ach Memorial Medical Center						
Address:	2801 Atl	2801 Atlantic Ave.						
City:	Long Be	ach						
Hospital Owner/Lice	ensee:	Wendy Dorchester						
Year of Rep	oorting:	2015						
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Mark Shuck						
Submission	n Date:	10/28/2015 3:49:07 PM						

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 03123	1A -1K Main Tower &	2801 Atlantic Ave.	Retrofit	SPC2	01/01/2020	07/01/2019

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

Building	No: BLD-0	03123	1A -1K Main Tower & Additions		Retrofit/Re	eplacement	Yes-Subr	nitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11846	HL090658-0	0	SURGERY LOCKER REMODEL	4/1/2009	7/29/2010 12:00:00 AM			CLOS	No
11846	IM-2012- 00012	0	VSI: Original Tower	10/2/2012		07/16/2012	07/01/2019	ACTI	No

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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: BLD-03123 Building Name: 1A -1K Main Tower & Additions								
Type of Service Prov	<u>vided</u>							
X Nursing	Inpatient Beds	341 Inpatient 76470 Days	X Surgical	X Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	61 Inpatient Days 14524	X Anesthesia	X Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency	/			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	59 Inpatient Days 16876	X Pharmaceutical X Dietetic	Rehabilitat Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dial	ysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 461 Building	X Support Services X Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Pla	nt			

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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-03123	Building Name: 1A -1	K Main Tower & Additions				
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 341 Bed	Inpatient 7647 Days 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 59 Bed	Inpatient 1687 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care New Nursery	vborn	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 61 Bed	Inpatient 1452 Days 4	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	461	461		

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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-01789	2A-2C- Central Plant & Additions	Remain
BLD-01792	03 - Memorial West - Nursing Unit	Remain
BLD-01793	4A 4B- Memorial West - Rehab Unit	Remain
BLD-01795	5 - X-Ray Addition	Remain
BLD-01796	6A-6C - Surgery & Addition	Remain
BLD-01799	7A-7B - Outpatient Surgery	Remain
BLD-01800	8 - Cancer Prevention Center	Remain
BLD-02637	10 - Emergency Power Area	Remain
BLD-03123	1A -1K Main Tower & Additions	Retrofit
BLD-03524	9 - ER Addition & Remodel	Remain

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

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Report Year: Long Beach Memorial Medical Center Long Beach 2015 11846 Page:9 of 41 No data reported for Section 130061(c)(2)(D).

Report Year: Long Beach Memorial Medical Center Long Beach Page:10 of 41 2015 11846 No data reported for Section 130061(c)(2)(D).

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No data reporte	lo data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any orresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).							
corresponding t	Juliuli ig Sites	or project i		ings with a ballar	ng resolution of re	codila di ite	sidde per decilon for	300 T(0)(2)(L).

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

Section 130061		ng Name: 1/	A -1K Main Tower & A	Additions					
Type of Service Provided X Surgical X Obstetrical Rehabilitation									
	Nursing		Gurgical		Cesarean/Deliv		Therapy		
X	IntensiveCare	X	Anesthesia	Х	Obstetrical		Renal Dialysis		
X	Pediatric/Adol		Clinical Lab	_	Recovery		Outpatient		
	escent	X	Radiological/	X	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Imaging		Emergency		Octobel Plant		
	Obstetrical	X	Pharmaceutical	X	Emergency	Х	Central Plant		
X	Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services		
	Intermediate Care	X	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-01789 Building Name: 2A-2C- Central Plant & Additions										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service Provided	Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant							
Intermediate	Dietetic	Efficiency	Central Flant							
Care	Administration	Nuclear Medicine	Support Services							
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 equirements 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-01792 Building Name: 03 - Memorial West - Nursing Unit										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant							
Intermediate Care	Dietetic									
Skilled Nursing	Administration	Nuclear Medicine	Support Services							
	•									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01793	Building Nar	ne: 4A 4B- Memorial \	Nest - R	ehab Unit						
Configuration:	Remove from GAC	service by	1/1/2030								
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		Recovery						
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				

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Report the final configuration of all burequirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-01795	Building Name: 5 - X-Ray Addition	on	
Configuration: Remove from GA	AC service by 1/1/2030		
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services
	•		

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Report the final config requirements whether per Section 130061(c	r by retrofit or by repla	s on the hospital campus sh cement and the type of serv	owing how each vice that will be p	building will comply rovided in each gene	with the SPC-5/Neral acute care h	NPC-4 or 5 ospital building
Building Number:	BLD-01796 Buil	ding Name: 6A-6C - Surg	ery & Addition			
Configuration:	I/A					
Type of Service P	rovided					
Nurs	ing	Surgical		ostetrical esarean/Deliv		nabilitation rapy
Inten	siveCare	Anesthesia		ostetrical ecovery	Rer	nal Dialysis
Pedia esce	atric/Adol nt	Clinical Lab	TXC	covery		
Psyc Nurs	hiatric ing	Radiological/ Imaging		ewborn/ ellBaby		patient gery
	etrical /Postprtum	Pharmaceutical		mergency	□ cor	itral Plant
	mediate	Dietetic		nergency		urai riait
Care	ed Nursing	Administration	Nu Nu	uclear Medicine		oport vices
	Ja Huloling					

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eport the final c equirements who er Section 1300	ether by retrofit or by r	dings on the eplacement	hospital campus show and the type of service	ving how e e that will	each building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 are hospital building
uilding Number	: BLD-01799	Building Na	me: 7A-7B - Outpation	ent Surger	у		
Configuration:	N/A						
Type of Servi	ce Provided						
ı	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic		Lineigency		Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the fin requirements per Section 1	whether by retrofit or by	ldings on the hospital campus sho replacement and the type of servi	wing how each building that will be provide	ng will comply with the Sled in each general acute of	PC-5/NPC-4 or 5 care hospital building
Building Num	ber: BLD-01800	Building Name: 8 - Cancer Pre	vention Center		
Configuration	on: N/A	<u> </u>			
Type of Se	ervice Provided				
	Nursing	Surgical	Obstetrio Cesarea		Rehabilitation Therapy
	IntensiveCare	Anesthesia	Obstetric Recover		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	recover	y	
	Psychiatric Nursing	Radiological/ Imaging	Newborr WellBab		Outpatient Surgery
	Obstetrical Ante/Postprtum	Pharmaceutical	Emerger	nov	Central Plant
	Intermediate	Dietetic			Central Flant
	Care Skilled Nursing	Administration	Nuclear	Medicine	Support Services
	, and the second	1			

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Report the fina requirements v per Section 13	whether by retrofit or by	ldings on the hos replacement and	spital campus showing I the type of service th	now ea	ach building will comply we provided in each gener	rith the SPC-5/ al acute care h	NPC-4 or 5 ospital building
Building Numb	per: BLD-02637	Building Name:	10 - Emergency Po	wer Are	ea		
Configuration	n: N/A						
Type of Sei	rvice Provided						
	Nursing	Su	urgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare	Ar	nesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent	С	linical Lab		Noovery		
	Psychiatric Nursing	R In	adiological/ naging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum	P	harmaceutical		Emergency	☐ Cei	ntral Plant
	Intermediate		ietetic		- '		mai i lam
	Care Skilled Nursing	A	dministration		Nuclear Medicine		pport rvices
		ı					

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Report the final correquirements whe per Section 13006	ether by retrofit or by re	lings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SPC-5/ ral acute care h	NPC-4 or 5 nospital building
Building Number:	BLD-03123	Building Na	me: 1A -1K Main Towe	er & Add	tions		
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cal	ntral Plant
	ntermediate		Dietetic		Emergency		mar ram
	Care Skilled Nursing		Administration	Ш	Nuclear Medicine		pport rvices
	ı						

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Report the fina requirements w per Section 130	whether by retrofit or by	ldings on the hereplacement a	ospital campus showin nd the type of service t	g how ea	ach building will comply e provided in each gene	with the SPC-5/ eral acute care h	NPC-4 or 5 nospital building
Building Number	er: BLD-03524	Building Nam	e: 9 - ER Addition &	Remode			
Configuration	n: N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	□ c ₂	ntral Plant
	Intermediate		Dietetic	Ш	Enlergency		IIII AI FIAIII
	Care Skilled Nursing		Administration		Nuclear Medicine		ipport ervices
		I					

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Includ and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Buildi	Building Number: BLD-01789 Building Name: 2A-2C- Central Plant & Additions											
Туре	e of Service Prov	<u>rided</u>										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	tenal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X C	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X s	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration							
	Total Beds this Building		0									

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Include information o and SPC-5 per Section		of inpatient beds	by type of	Service provided by	buildings that are classified	as SPC-2, SF	PC-3, SPC-4,				
Building Number: BLD-01792 Building Name: 03 - Memorial West - Nursing Unit											
Type of Service Pro	ovided										
X Nursing	Inpatient Beds	42		Surgical	Obstetrical Cesarean/Deliv		nabilitation rapy				
IntensiveCare	Inpatient Beds	0		Anesthesia							
Pediatric/Adol escent	Inpatient Beds	54		Clinical Lab	Obstetrical Recovery	Ren	nal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery				
Obstetrical Ante/Postprtur	Inpatient n Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Ser	port vices				
Skilled Nursing	Inpatient Beds	42	X	Administration							
Total Beds this Building	3	138									

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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 Num	ber: BLD)-01793	Building Nar	ne: 4A	4B- Memorial West	- Reha	ub Unit			
Type of Ser	vice Prov	ided								
Nursin	g	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intensi	veCare	Inpatient Beds	0		Anesthesia					
Pediatr escent	ric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychia Nursino		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obsteti Ante/P	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
Skilled	Nursing	Inpatient Beds	0		Administration					
Total B Buildin	eds this g		0							

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildi	ng Number: BLE	D-01795	Building Name	: 5-	- X-Ray Addition						
Туре	e of Service Prov	ided									
	Nursing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration						
	Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-01796 Building Name: 6A-6C - Surgery & Addition									
Type of Service Provided									
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy		
IntensiveCare	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	Newborn/ WellBaby	Outp Surg	atient ery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant		
Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Supp Servi	oort ces		
Skilled Nursing	Inpatient Beds	0	X	Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-01799 Building Name: 7A-7B - Outpatient Surgery									
Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BLD-01800 Building Name: 8 - Cancer Prevention Center										
Type of Service Provided										
□ N	ursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare	Inpatient Beds	0		Anesthesia					
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	sychiatric lursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	obstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	ntermediate care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
SI	killed Nursing	Inpatient Beds	0	X	Administration					
	otal Beds this uilding		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BLD-02637 Building Name: 10 - Emergency Power Area										
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-03524 Building Name: 9 - ER Addition & Remodel									
Type of Service Provided									
Nu	ursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare	Inpatient Beds	0		Anesthesia				
	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant
Into Ca	ermediate are	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Ski	illed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		0						

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01789 2A-2C- Central Plant & Additions **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Days Days Bed Bed 0 0

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Report Year: 2015 11846 Long Beach Memorial Medical Center Long Beach Page:37 of 41 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01796 6A-6C - Surgery & Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

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Report Year: 2015 11846 Long Beach Memorial Medical Center Long Beach Page:40 of 41 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-02637 10 - Emergency Power Area **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

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