## 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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	10180							
Facility Name:	The Genera	l Hospital						
Address:	2200 Harris	on Ave						
City:	Eureka							
Hospital Owner/Lice	Hospital Owner/Licensee: St. Joseph Hospital / St. Joseph Health System							
Year of Reporting:		016						
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:	Bill Eveloff						
Submission	Date:	/2/2017 1:37:36 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, SPC4D 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- 00523	Original Hospital Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00524	1950 Addition Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00525	1955 Addition Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00526	Center Building - 1957 Addition	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 02651	West Side Building - 1957 Addition	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019

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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-00523 Original Hospital Building Retrofit/Replacement Project:

Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 10183 H142544-12 0 SB 90 - Redwood Memorial Hosp 11/4/2014 12/9/2016 07/01/2018 12/31/2019 PEND No -00 Addition&Rehab 12:00:00 AM

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).

BLD-00524 1950 Addition Building Yes-Submitted Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected Sub Completion Date Status Date Start Date Number Number Num Scope Date In

Facility Number Sub Number Scope

Date In

Plan Approved Projected Start Date

Projected Completion Date Status

Projected Completion Date Status

Review

10183 H142544-12 0 SB 90 - Redwood Memorial Hosp Addition&Rehab

11/4/2014 12/9/2016 12:00:00

AM

Projected Projected Completion Date Status

No Male In Date In Date

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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-00525 1955 Addition Building Retrofit/Replacement Project:

CEQA Facility Project Plan Approved Projected Projected Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In 10183 H142544-12 0 SB 90 - Redwood Memorial Hosp 11/4/2014 12/9/2016 07/01/2018 12/31/2019 PEND No -00 Addition&Rehab 12:00:00 AM

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-00526 Center Building - 1957 Addition Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10183	H142544-12 -00	0	SB 90 - Redwood Memorial Hosp Addition&Rehab	11/4/2014	12/9/2016 12:00:00 AM	07/01/2018	12/31/2019	PEND	No

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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).

BLD-02651 West Side Building - 1957 Addition Yes-Submitted **Building No:** Retrofit/Replacement Project: Facility Project Plan Approved Projected CEQA Projected Sub Completion Date Status Number Number Start Date Num Scope Date Review Date In

 Number
 Num
 Scope
 Date In
 Date In
 Start Date
 Completion Date
 Status
 Review

 10183
 H142544-12 -00
 0
 SB 90 - Redwood Memorial Hosp Addition&Rehab
 11/4/2014
 12/9/2016 12:00:00 AM
 07/01/2018
 12/31/2019
 PEND No AM

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	I(c)(1)(F)
Building Number: BL	_D-00523	Building Name: Or	riginal Hospital Building	
Type of Service Prov	<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	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)
Building Number: BL  Type of Service Prov		Building Name: 19	50 Addition Building	
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	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	<b>D</b> 000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Prov	ide the number of	inpatient bed	ls and patient days per ty	pe of service	per building per	Section 130061	(c)(1)(F)	
	ling Number: BL		Building Na	ame:	1955 Addition B	uilding		
X	Nursing	Inpatient Beds	15 Inpatient Days	2125	Surgi	ical	Obstetrica Recovery	ıl
	IntensiveCare	Inpatient Beds	0 Inpatient Days	0	Anes	thesia	Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	s 0	Clinic	al Lab	Emergend	ey .
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	s 0	Radic Imagi	ological/ ing	Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	s 0	Pharn	naceutical	X Rehabilita Therapy	tion
	Intermediate Care	Inpatient Beds	0 Inpatient Days	s 0		nistration	Renal Dia	
	Skilled Nursing	Inpatient Beds	0 Inpatient Days	s 0	Supp	ces	Outpatien Surgery	
		Deus	Total Beds this Building	15	Obste Cesa	etrical rean/Deliv	X Central Pl	ant

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Provide the number o	f inpatient bed	ds and patient days per type of service p	per building per Section 130061(	c)(1)(F)
Building Number: Bl		Building Name:	Center Building - 1957 Addition	
Type of Service Prov	<u>vided</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	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provid	de the number of	inpatient bed	s and patient days per type	of service pe	er building per Section 130061	I(c)(1)(F)	
	ng Number: BL		Building Name	e: We	est Side Building - 1957 Additi	ion	
	Nursing	Inpatient Beds	0 Inpatient Days	0	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	Pharmaceutical Dietetic	Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0 Inpatient Days	0	Administration	Renal Dialy	rsis
	Skilled Nursing	Inpatient Beds	0 Inpatient Days	0	Support Services	Outpatient Surgery	
		Deus	Total Beds this Building	0	Obstetrical Cesarean/Deliv	Central Pla	nt

Report Year: 2016 10180 The General Hospital Eureka Page:11 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00523 **Building Number: Building Name:** Original Hospital Building Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 10180 The General Hospital Eureka Page:12 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00524 1950 Addition Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 10180 The General Hospital Eureka Page:13 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00525 1955 Addition Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 15 Inpatient 2125 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 15 Inpatient 15 Inpatient Inpatient Inpatient Days Days Bed Bed

Report Year: 2016 10180 The General Hospital Eureka Page:14 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00526 Center Building - 1957 Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 10180 The General Hospital Eureka Page:15 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) West Side Building - 1957 Addition **Building Number:** BLD-02651 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00523	Original Hospital Building	Replace
BLD-00524	1950 Addition Building	Replace
BLD-00525	1955 Addition Building	Replace
BLD-00526	Center Building - 1957 Addition	Replace
BLD-02651	West Side Building - 1957 Addition	Replace
BLD-02652	Stair #1	Remain
BLD-02653	Nursery	Remain
BLD-02654	Stair #2	Remain
BLD-02655	Stair #3	Remain
BLD-02656	Radiology Wing	Remain
BLD-02657	Lobby	Remain

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No proposed ne	ew buildings	to be const	tructed at this or another site.		

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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-0	0523 Original Hos	pital Building	Removal 06/30/2019 Date:				
Planned Uses for the buildi	ng to be removed from acute care s	service:					
Planned use for building:							
Inpatient services currently	delivered in the building:						
Nursing IntensiveCare	Surgical Anesthesia	Obstetrical Cesarean/Deliv	Rehabilitati Therapy	on			
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	vsis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt			
Intermediate Care	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Administration						

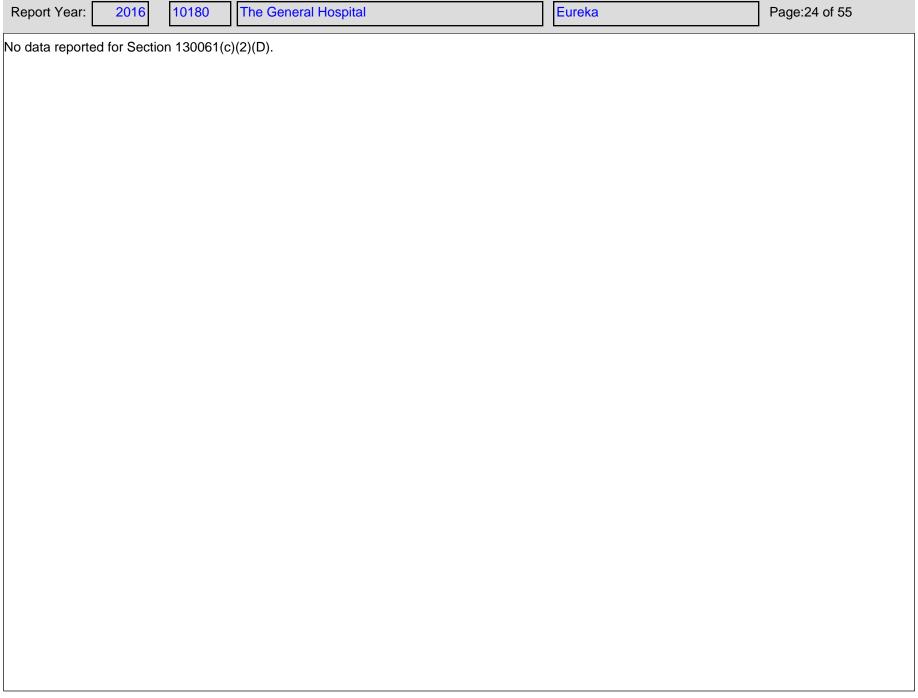
Report Ye	ar: 2016 1	0180 Th	e General Hospital			ureka		Page:19 of 55
The project replaced of The plann replaced of	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:  The projected date or dates the building will be removed from service per 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 N	lumber: BLD-005	524	1950 Addition Build	ling		Removal Date:	06/30/2019	
Planned U	Jses for the building	g to be remov	ved from acute care service:					
Planned u	use for building:							
Inpatient s	services currently d	elivered in th	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	/	Rehabilitation Therapy	ı
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysi	S
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing		Administration				Oei vices	

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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-00525		1955 Addition Buildin	ng		Removal Date:	06/30/2019	
Planned Uses for	r the building to be	remov	ed from acute care service:					
Planned use for	building:							
Inpatient services	s currently delivere	d in the	e building:					
X Nursin	ng		Surgical		Obstetrical Cesarean/Deliv		X Rehabilitat	ion
Intens	iveCare		Anesthesia		OCSAICAII/DCIIV	'	тпстару	
Pediat escen	tric/Adol t		Clinical Lab		Obstetrical Recovery		Renal Dial	ysis
Psych Nursin			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obster Ante/F	trical Postprtum		Pharmaceutical		Emergency		X Central Pla	ant
Interm Care	ediate		Dietetic		Nuclear Medicine		Support Services	
Skilled	d Nursing		Administration					

Report Yea	ar: 2016 1018	Th	e General Hospital			Eureka		Page:21 of 55	
The project replaced or The planne replaced or	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 eplaced 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 eplaced or rebuild buildings as well.  The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Nu	umber: BLD-00526		Center Building - 19	57 Addi	tion	Removal Date:	06/30/2019		
Planned Us	ses for the building to	be remov	ved from acute care service:						
Planned us	se for building:								
Inpatient se	ervices currently deliv	ered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/Deli	iv	Rehabilitation Therapy	n	
ı	ntensiveCare		Anesthesia						
1 1	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysi	S	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing		Administration				CO. VIOCS		

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The project replaced of The plann replaced of	cted date or dates or rebuild building ed uses of the bu or rebuild building	s the building was well.  ilding or building sas well.	d, rebuilt, removed from acut vill be removed from service p ngs to be removed from acut on the building or buildings per	oer Sec	tion 130061 (c) service per Sec	(2)(A) and proceed and 130061(c)			
Building N	lumber: BLD-0	2651	West Side Building -	- 1957 <i>F</i>	Addition	Removal Date:	(	06/30/2019	
Planned U	Jses for the buildi	ng to be remov	ved from acute care service:						
Planned u	use for building:								
Inpatient s	services currently	delivered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/De	liv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		ocsarcar, be	ii v		Пістару	
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency			Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine			Support Services	
	Skilled Nursing		Administration					Convided	

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		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		responding
Number:	BLD-00525 Building Name:  are services and beds will be r	1955 Addition Building elocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		responding
Number: Will general acute concentration Therapy  Report whether the	N/A general acute care services ar	elocated to a new, Existing or retrofitted  and beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re	ng or retrofitted building and any corr	responding
Number:	BLD-00525 Building Name:  are services and beds will be r	1955 Addition Building elocated to a new, Existing or retrofitted	building?	

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		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or		responding
Number:	D-00525 Building Name:	1955 Addition Building relocated to a new, Existing or retrofitted	building?	
Rehabilitation Center	N/A			

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

ng Number:	BLD-00523 Buildi	ng Name:	riginal Hospital Buildi	ng		
pe of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare				Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		WellBaby	
	-		Pharmaceutical		Emergency	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

ilding Number:	BLD-00524 Buildi	ng Name: 19	950 Addition Building					
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia	_	Codificative City			
	IntensiveCare		Official Lat		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging	_	·	_		
	Obstetrical		Pharmaceutical		Emergency		Central Plant	
Ш	Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report any general per Section 130061		atient service that is provided in any	general ad	cute care hospital	building t	nat is rated SPC-1
Building Number:	BLD-00525 Buildin	g Name: 1955 Addition Building				
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	Anesthesia				Renal Dialysis
	IntensiveCare	Clinical Lab		Obstetrical Recovery		Reliai Dialysis
	Pediatric/Adol escent	Radiological/		Newborn/ VellBaby		Outpatient Surgery
	Psychiatric Nursing	Imaging  Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

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Report any general per Section 130061	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-00526 Buildin	g Name: Center Building - 1957	' Addition						
Type of Service	Provided								
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing	Anesthesia				Panal Dialysis			
	IntensiveCare	Clinical Lab		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent			Newborn/		Outpatient Surgery			
	Psychiatric Nursing	Radiological/ Imaging		WellBaby					
	-	Pharmaceutical		Emergency		Central Plant			
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services			
	Intermediate Care	Administration							
	Skilled Nursing								

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Report any general per Section 130061		tient service that is provided in any	general ac	cute care hospital	building th	at is rated SPC-1
Building Number:	BLD-02651 Buildin	g Name: West Side Building - 1	957 Additio	n		
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia				Daniel Biologia
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric	Radiological/ Imaging	<u> </u>	VellBaby		
	Nursing	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	ldings on the hospital campus shov replacement and the type of servic	ving how each building will comply verthat will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00523	Building Name: Original Hospita	al Building	
Configuration: N/A			
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	Emergency	Cential Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

Report Year: 20°	16 10180	The General I	Hospital		Eureka		Page:34 of 55		
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-00524	Building Nar	ne: 1950 Addition Build	ding					
Configuration:	Configuration: N/A								
Type of Service	Provided								
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis		
	diatric/Adol cent		Clinical Lab		recovery				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	stetrical		Pharmaceutical						
AIII	te/Postprtum		<b>D</b>	Ш	Emergency		Central Plant		
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support Services		
Ski	lled Nursing		Administration				Services		

Report Year: 2	016 10180	The General	Hospital		Eureka		Page:35 of 55		
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-00525 Building Name: 1955 Addition Building									
Configuration:	Configuration: N/A								
Type of Service	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate are		Dietetic	П	Nuclear Medicine		Support		
SI	killed Nursing		Administration			_	Services		

Report Year:	2016 10180	The Genera	Hospital		Eureka		Page:36 of 55
Report the fir requirements per Section 1	whether by retrofit of	ll buildings on the or by replacemen	e hospital campus sho t and the type of service	wing how eace that will b	ach building will comply e provided in each ger	with the SPC-5/ neral acute care h	NPC-4 or 5 nospital building
Building Num	nber: BLD-00526	Building Na	ame: Center Building	ı - 1957 Add	lition		
Configuration	on: N/A						
Type of S	ervice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Reservery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П co	ntral Plant
	Intermediate		Dietetic	_	Emergency		mia i iam
	Care Skilled Nursing		Administration		Nuclear Medicine		ipport ervices
		I					

Report Year: 20	10180	The General I	Hospital		Eureka		Page:37 of 55
	her by retrofit or by				ach building will comply we provided in each genera		
Building Number:	BLD-02651	Building Nar	ne: West Side Building	- 1957	Addition		
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		<b>-</b>		On start Physic
	ermediate		Dietetic		Emergency	□ '	Central Plant
Ca					Nuclear Medicine		Support Services
Sk	tilled Nursing		Administration				

eport Year: 2016 10180	The General Hospital	Eureka	Page:38 of 55
Report the final configuration of all burequirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply e that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
Building Number: BLD-02652	Building Name: Stair #1		
Configuration: N/A			
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	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration		Services

eport Year: 2016 10180	The General Hospital	Eureka	Page:39 of 55
Report the final configuration of all bu equirements whether by retrofit or by er Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply e that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
Building Number: BLD-02653	Building Name: Nursery		
Configuration: N/A			
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
	•		

eport Year: 2016 10180	The General Hospital	Eureka	Page:40 of 55
Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ring how each building will comply a that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
Building Number: BLD-02654	Building Name: Stair #2		
Configuration: N/A			
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		
Intermediate	Dietetic	Emergency	Central Plant
Care		Nuclear Medicine	Support Services
Skilled Nursing	Administration		Gervices

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eport the final configuration of all buequirements whether by retrofit or by er Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply e that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
uilding Number: BLD-02655	Building Name: Stair #3		
Configuration: N/A			
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	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration		Services

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Report the final cor requirements wheth per Section 130061	her by retrofit or by i	dings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	with the SP0 ral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-02656	Building Na	me: Radiology Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Int Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

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eport the final configuration of all bui quirements whether by retrofit or by r Section 130061(c)(5)	ldings on the hospital campus show replacement and the type of service	ring how each building will comply e that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
uilding Number: BLD-02657	Building Name: Lobby		
Configuration: N/A	<del>-</del>		
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	Emergency	Central Flant
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services
	1		

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Include information on 4D and SPC-5 per Sec			by type of Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-02652	Building N	ame: Stair #1		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 20°	16 10180 7	The General Hosp	pital	Eureka	Page:45 of 55
	on on the number of Section 130061(6		y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-02653	Building Na	me: Nursery		
Type of Service	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia	_	_
Pediatric/A escent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	: Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postp		0	Pharmaceutical	Emergency	Central Plant
Intermedia Care	te Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nur	rsing Inpatient Beds	0	Administration		
Total Beds Building	this	0			

port Year: 2016	10180	The General Hosp	pital	Eureka	Page:46 of 55
Include information 4D and SPC-5 per			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-02654	Building Na	me: Stair #2		
Type of Service P	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	e Inpatient Beds	0	Anesthesia	_	
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient um Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	ng Inpatient Beds	0	Administration		
Total Beds th Building	nis	0			

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Include information 4D and SPC-5 per			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-02655	Building Na	me: Stair #3		
Type of Service I	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCa	re Inpatient Beds	0	Anesthesia		
Pediatric/Ad escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient rum Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nurs	ing Inpatient Beds	0	Administration		
Total Beds t Building	his	0			

number of inpatient beds 130061(e)  Building	s by type of Service provided by by type of Serv	ouildings that are classified a	is SPC-2, SPC-3, SPC-4, SPC-
2656 Building	Name: Radiology Wing		
	varie. Iradiology Wing		
ed			
patient 0 eds	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
patient 0 eds	Anesthesia		
patient 0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
patient 0 eds	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
patient 0	Pharmaceutical	Emergency	Central Plant
patient 0	Dietetic	Nuclear Medicine	Support Services
patient 0	Administration		
0			
pe pe pe pe pe	patient 0 ds operation of the street of the	Surgical  Surgical  Anesthesia  Clinical Lab  Clinical Lab  Radiological/ Imaging  Pharmaceutical  Catient  ds  Administration	Surgical Obstetrical Cesarean/Deliv  attient ds  attient ds  Clinical Lab Obstetrical Recovery  Clinical Lab Newborn/ WellBaby  Pharmaceutical  attient ds  Administration  Administration

C-2, SPC-3, SPC-4, SPC-
1
1
Rehabilitation Therapy
Renal Dialysis
Outpatient Surgery
Central Plant
Support Services

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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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-026	ding Number: BLD-02652 Buildi		#1			
Medical / Surgical (Include G	YN)	Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude Newborn	GYN)	Burn		Skilled Nursing		
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Pediatric		Intensive Care New Nursery	/born	Intermediate Care		
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	entally	
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
<b>Coronary Care</b>		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Unit 0	Service 0	

Report Year: 2016 10180 The General Hospital Eureka Page:51 of 55 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02653 Nursery **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 10180 The General Hospital Eureka Page:52 of 55 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02654 Stair #2 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 10180 The General Hospital Eureka Page:53 of 55 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02655 Stair #3 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 10180 The General Hospital Eureka Page:54 of 55 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02656 Radiology Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 Days Bed Days Bed ol 0

Report Year: 2016 10180 The General Hospital Eureka Page:55 of 55 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02657 Lobby **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0