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:	10184							
Facility Name:	St. Joseph	St. Joseph Hospital						
Address:	2700 Dolb	eer St						
City:	Eureka							
Hospital Owner/Lice	ensee:	St. Joseph Hospital / St. Joseph Health System						
Year of Reporting:		2016						
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]						
Name of Sub	mitter:	Bill Eveloff						
Submission	n Date:	10/14/2016 11:52:02 AM						

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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.	Building Name Alternate Building Address		Building	Final SPC Rating	Extension	Anticipated
No.			Resolution	If Required	Date	Completion Date
BLD- 00535	Original Hospital and	2700 Dolbeer St	Rebuild	SPC5	01/01/2020	01/01/2020

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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	0535	Original Hospital and Central Plant		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10184	H140064-12 -00	0	Basement and 1st Floor Exiting & Utility Rerouting	1/15/2014	10/11/2016 12:00:00 AM	01/15/2014	07/01/2019	OPEN	No
10184	HS050197-0	0	NORTHEAST BUILDING ADDITION	1/24/2005	3/19/2008 12:00:00 AM	10/12/2007	12/31/2011	FIEL	No

Report Year: 2016	10184	St. Joseph Hospital	Eureka		Page:4 of 45				
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-00535 Building Name: Original Hospital and Central Plant									
Type of Service Prov	<u>rided</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 X Dietetic	Rehabilitation Therapy	on				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	sis				
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	X Outpatient Surgery					
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	nt				

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:5 of 45 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00535 **Building Number: Building Name:** Original Hospital and Central Plant 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 0 Inpatient 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

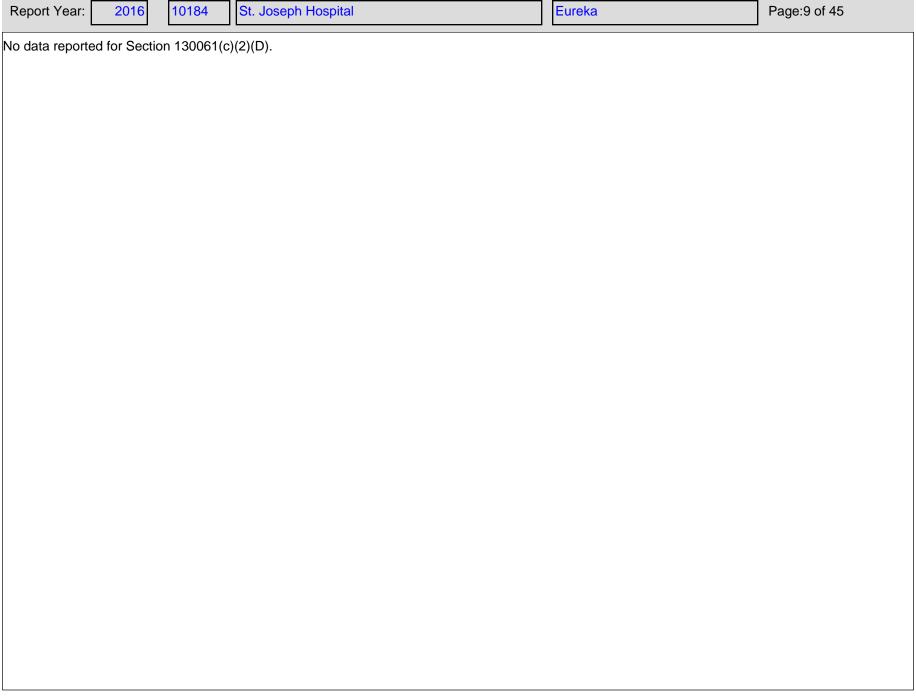
Report Year: 2016 10184 St. Joseph Hospital Eureka Page:6 of 45

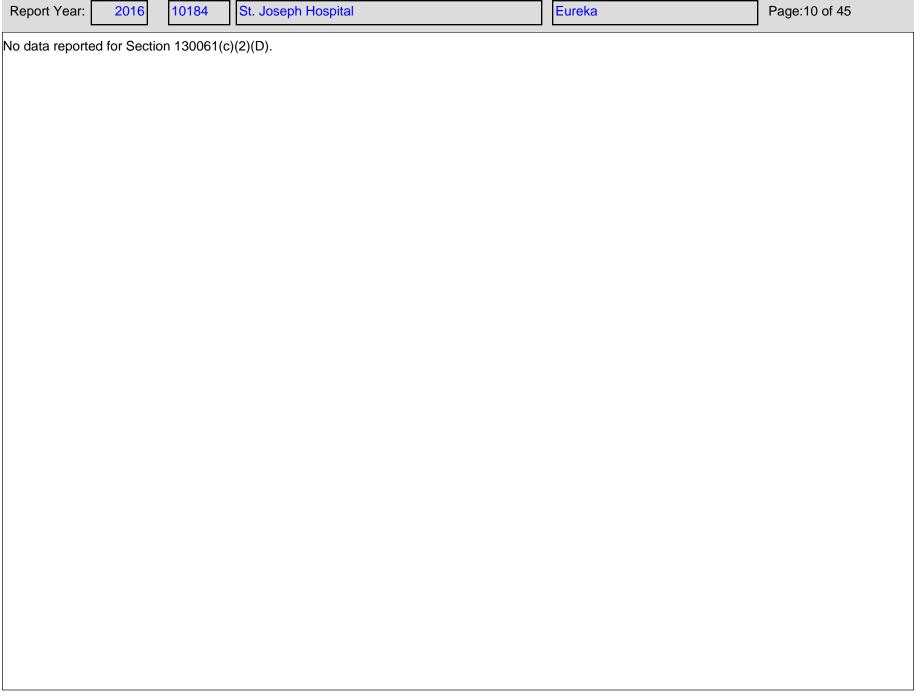
For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt			
BLD-00535	Original Hospital and Central Plant	Rebuild			
BLD-00536	Linear Accelerator (Phase II)	Remain			
BLD-00537	Phase III Addition Building	Remain			
BLD-00538	Emergency Entrance Vestibule	Remain			
BLD-00539	Radiation Oncology Addition	Remain			
BLD-00540	Heart Center	Remain			
BLD-00541	East Wing	Remain			
BLD-00542	Emergency Entrance Vestibule Addition	Remain			
BLD-02735	Emergency Generator #1 CMU Building	Remain			
BLD-02736	Emergency Generator #2 Enclosure Shed	Remain			
BLD-03625	Northeast Building	Remain			

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List ALL propos	sed new buildings to be constructed at this or and	other site.	
Building Number	Building Name	New Site	
N_1	Northeast Tower		

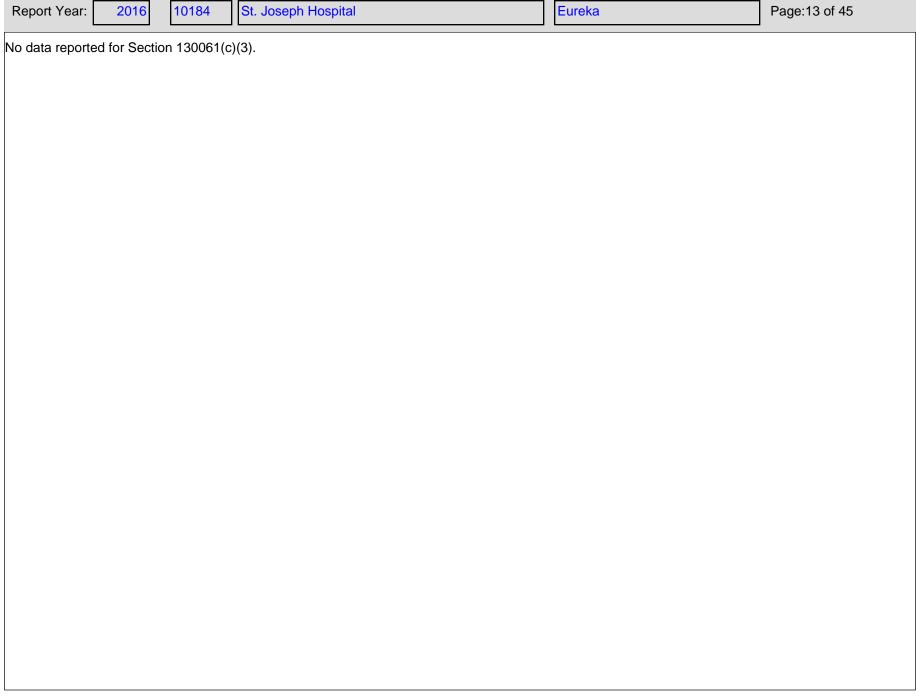
Report Ye	ear: 2016 1	0184 St.	Joseph Hospital			Eureka		Page:8 of 45		
For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date 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-00535 Original Hospital and Central Plant Removal Date:										
Planned U	Jses for the building	g to be remov	ed from acute care	e service:						
Planned	use for building:	Other		Jurisdiction:						
	Other Usage:	lon-code req	uired administrative	e support and out	patient space					
Inpatient s	services currently d	elivered in th	e building:							
	Nursing		Surgical		Obstetrical Cesarean/Del	liv	Rehabilitat Therapy	ion		
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dial	ysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		X Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Pla	ant		
	Intermediate Care	X	Dietetic		Nuclear Medicine		X Support Services			
	Skilled Nursing	X	Administration				Gervices			





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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)								
Building Number: BLD-00535 Building Name: Original Hospital and C	entral Plant							
Will general acute care services and beds will be relocated to a new, Existing	ng or retrofitted I	ouilding?						
Dietetic Relocated to other building								
New Building RetroFitted Buildin	ng	Other SP	C2-SPC5 Bui	ilding				
		BLD-00537-Phase	III Addition Buil	lding				
Facility Project Sub Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status			
10184 HS050197 0 NORTHEAST BUILDING ADDITION -0	2005-01-24	2008-03-19	03/19/2008	06/01/2018	FIEL			
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of					ing			
Building Number: BLD-00535 Building Name: Original Hospital and C	entral Plant							
Will general acute care services and beds will be relocated to a new, Existing	ng or retrofitted I	ouilding?						
Administration N/A								

Report Year: 2016 St. Joseph Hospital	Eureka	Page:12 of 45							
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building Number: BLD-00535 Building Name: Original Hospital and Central Plant Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?								
Support Services N/A									
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding							
Building Number: BLD-00535 Building Name: Original Hospital and Central Plant									
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?								
OutpatientSurgery N/A									



Building Number: BLD-00535 Building Name: Original Hospital and Central Plant										
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia				Panal Dialysis			
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby	Х	Outpatient Surgery			
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency		Central Plant			
	Obstetrical		Filamiaceuticai							
	Ante/Postprtum	X	Dietetic	Ш	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-00535 Building Name: Original Hospital and Central Plant											
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								
	1										

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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-00536	Building Nar	ne: Linear Accelerator	(Phase	II)						
Configuration: N/A											
Type of Service Provided											
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Ped	diatric/Adol ent		Clinical Lab		Recovery						
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Car	ermediate e		Dietetic		Nuclear Medicine		Support				
Skil	lled Nursing		Administration				Services				

Report Year: 20	10184	St. Joseph Ho	ospital		Eureka		Page:17 of 45					
Report the final con requirements wheth per Section 130061	ner by retrofit or by	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	vith the SP0 ral acute ca	C-5/NPC-4 or 5 are hospital building					
Building Number:	Building Number: BLD-00537 Building Name: Phase III Addition Building											
Configuration: N/A												
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		Recovery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte	ermediate ire		Dietetic		Nuclear Medicine		Support					
Ski	illed Nursing		Administration				Services					

	10184	St. Joseph H	ospital		Eureka	Page:18 of 45
	ner by retrofit or by r				ach building will comply be provided in each gen	
uilding Number:	BLD-00538	Building Na	me: Emergency Entra	ance Vest	ibule	
Configuration:	N/A					
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Cal	ire illed Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 20	10184	St. Joseph Ho	espital		Eureka		Page:19 of 45					
Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the replacement a	nospital campus showir and the type of service t	ig how e that will t	ach building will comply w be provided in each gener	rith the SPC al acute ca	C-5/NPC-4 or 5 re hospital building					
Building Number:	Building Number: BLD-00539 Building Name: Radiation Oncology Addition											
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte	ermediate ire		Dietetic		Nuclear Medicine		Support					
Ski	illed Nursing		Administration				Services					

Report Year: 201	6 10184	St. Joseph Ho	ospital		Eureka		Page:20 of 45				
Report the final conf requirements whether per Section 130061(er by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply wind perovided in each genera	th the SPO al acute ca	C-5/NPC-4 or 5 ire hospital building				
Building Number:	BLD-00540	Building Nar	ne: Heart Center								
Configuration: N/A											
Type of Service I	Provided										
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Ped	liatric/Adol ent		Clinical Lab		recovery						
Psy Nur	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Care	rmediate e		Dietetic		Nuclear Medicine		Support				
Skill	led Nursing		Administration				Services				

Report Year: 20	10184	St. Joseph Ho	ospital		Eureka		Page:21 of 45
Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply on provided in each gene	with the SPC eral acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-00541	Building Na	ne: East Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Receivery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services

Report Year: 201	10184	St. Joseph Ho	spital		Eureka		Page:22 of 45					
Report the final conf requirements wheth per Section 130061	er by retrofit or by	dings on the l replacement a	nospital campus showin and the type of service t	g how each	ach building will comply wi ee provided in each genera	th the SPC al acute car	-5/NPC-4 or 5 e hospital building					
Building Number:	Building Number: BLD-00542 Building Name: Emergency Entrance Vestibule Addition											
Configuration: N/A												
Type of Service	Provided											
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
Peo	diatric/Adol ent		Clinical Lab		Resovery							
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support					
Skil	lled Nursing		Administration				Services					

Report Year: 20	10184	St. Joseph Ho	ospital		Eureka		Page:23 of 45					
Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply v be provided in each gene	vith the SP0 ral acute ca	C-5/NPC-4 or 5 are hospital building					
Building Number:	Building Number: BLD-02735 Building Name: Emergency Generator #1 CMU Building											
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte	ermediate re		Dietetic		Nuclear Medicine		Support					
Ski	illed Nursing		Administration				Services					

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	ner by retrofit or by re				ach building will comply wit be provided in each genera								
Building Number:	Building Number: BLD-02736 Building Name: Emergency Generator #2 Enclosure Shed												
Configuration: N/A													
Type of Service	Provided												
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis						
	diatric/Adol cent		Clinical Lab		recovery								
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant						
	ermediate		Dietetic										
Car Ski	re illed Nursing		Administration	Ш	Nuclear Medicine		Support Services						
	'												

Report Year: 2016 10184	St. Joseph Hospital	Eureka	Page:25 of 45
Report the final configuration of all bu requirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ring how each building will comply on that will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-03625	Building Name: Northeast Buildin	ng	
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 Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support Services
	•		

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Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-00536	Building Na	me: Linear Accelerator (Ph	ase II)	
Type of Service Pro	ovided				
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtun	Inpatient n 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			

Report Ye	ar: 2016	10184 S	t. Joseph Hospit	tal		Е	ureka		Page:27 of 45
	e information on t d SPC-5 per Sect			y type of S	Service provided by I	building	s that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Buildin	g Number: BLD	D-00537	Building Na	ame: Ph	ase III Addition Build	ding			
<u>Type</u>	of Service Prov	ided							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	8	X	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	X	Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		8						

eport Year: 2016	10184	St. Joseph Hospita	al	Eureka	Page:28 of 45
Include information on 4D and SPC-5 per Sec			type of Service provided b	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00538	Building Nar	me: Emergency Entrance	e Vestibule	
Type of Service Prov	vided				
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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2016	10184	St. Joseph Hospita	al	Eureka	Page:29 of 45
Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-00539	Building Nar	me: Radiation Oncology A	Addition	
Type of Service Prov	vided				
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	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	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

oort Year: 2016	10184	St. Joseph Hospita	al	Eureka	Page:30 of 45
Include information of 4D and SPC-5 per S			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-00540	Building Na	me: Heart Center		
Type of Service Pr	ovided				
Nursing	Inpatient Beds	0	X Surgical	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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	g Inpatient Beds	0	Administration		
Total Beds thi Building	s	0			

ort Year	2016	10184	St. Joseph Hospit	tal			Eureka		Page:31 of 45
	nformation on tl SPC-5 per Sect			y type of S	Service provided by b	ouildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building	Number: BLD	-00541	Building Na	ame: Ea	st Wing				
Type of	f Service Provi	ded							
X N	ursing	Inpatient Beds	62		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X In	tensiveCare	Inpatient Beds	5		Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	[X Obstetrical Recovery	F	Renal Dialysis
Ps No	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	Inpatient Beds	11	X	Pharmaceutical	[Emergency	X	Central Plant
	termediate are	Inpatient Beds	0		Dietetic	[Nuclear Medicine		Support Services
SI	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		78						

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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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLD-00542 Building Name: Emergency Entrance Vestibule Addition								
Type of Service Prov	rided							
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	X Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02735	Building Nar	me: Emergency Generato	r #1 CMU Building	
Type of Service Pro	vided				
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	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 4D and SPC-5 per Sec			by type of Service provided by	/ buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-			
Building Number: BLD-02736 Building Name: Emergency Generator #2 Enclosure Shed								
Type of Service Prov	<u>rided</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	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 4D and SPC-5 per			y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-03625	Building Na	me: Northeast Building		
Type of Service I	Provided				
X Nursing	Inpatient Beds	40	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCa	re Inpatient Beds	12	Anesthesia		
Pediatric/Adescent	ol Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient tum Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ing Inpatient Beds	0	X Administration		
Total Beds the Building	his	52			

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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) BLD-00536 Linear Accelerator (Phase II) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Bed Days 0

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:37 of 45 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-00537 Phase III Addition Building **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 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 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 Bed Days Bed Days 8 8

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:38 of 45 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-00538 Emergency Entrance Vestibule **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 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 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 Bed Days Bed Days ol 0

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:39 of 45 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-00539 Radiation Oncology Addition **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 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 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 Bed Days Bed Days ol 0

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:40 of 45 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-00540 **Heart Center 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 0 Inpatient 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 10184 St. Joseph Hospital Eureka Page:41 of 45 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-00541 **East Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 62 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 13828 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient 1248 Inpatient 11 Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient 5 709 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**

0 0 Bed Days Bed Days 78 78

Inpatient

Inpatient

Inpatient

Inpatient

Unit

Service

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Report Year: 2016 10184 St. Joseph Hospital Eureka Page:43 of 45 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-02735 Emergency Generator #1 CMU Building **Building Number: Building Name: Acute Respiratory Care** Medical / Surgical (Include GYN) **Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 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 Bed Days Bed Days ol 0

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:44 of 45 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-02736 Emergency Generator #2 Enclosure Shed **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 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 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 Bed Days Bed Days ol 0

Report Year: 2016 10184 St. Joseph Hospital Eureka Page:45 of 45 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-03625 Northeast Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 12102 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center 2103 Inpatient 12 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 Bed Days Bed Days 52 52