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Office of Statewide Health Planning and Development
Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10606		
Facility Name:	Mercy G	General Hospital	
Address:	4001 J \$	Street	
City:	Sacram	ento	
Hospital Owner/Lice	ensee:	Mercy General Hospital	
Year of Repo	orting:	2016	
Contact 1 e-mail Ado	dress:	[Confidential data left blank intentionally.]	]
Contact 2 e-mail Add	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Subr	mitter:	David Chacon	
Submission	Date:	1/11/2017 4:19:32 PM	

Report Y	'ear: 2016 10606	Mercy General Hospital		Sacramento		Page:2 of 35
rebuild, re 130060 c	etrofit or replace the buildin or 130061.5,for rebuild, retro	e planned for rebuild, retrofit or repland ng to SPC2, SPC3, SPC4, SPC4D co ofit or replacement of the building th approved per Section 130061(c)(1)	or SPC5 per 1300 nat the hospital ov	61(c)(1)(A). The dead	dline, as descr	ibed in Section
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01423	South Wing / East Wing	4001 J Street	Retrofit	SPC2	1/01/2017	12/31/2016
OSHPD F	DD SB499 Report	Data Last Update: 09/21/2016	Submission	Date: 01/11/2017	Printed: 1/2	13/2017 6:30 AM

Building	No: BLD-0	)1423	South Wing / East Wing		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10606	IS071987-0	0	NEW HEART CENTER ADDITION TO EXISTING HOSPITAL	10/29/200 7		06/01/2011	01/31/2014	CLOS	No
	P-2012- 02588	0	Northeast Bldg. 2nd Floor CCC Conversion to 24 Beds Med/Surg Unit	12/3/2012	5/7/2014 12:00:00 AM	06/02/2014	12/31/2015	CLOS	No

Report Year: 2016	10606	Mercy General Hospital	Sacramento	Page:4 of 35					
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BL	D-01423	Building Name:	South Wing / East Wing						
Type of Service Prov	<u>ided</u>								
X Nursing	Inpatient Beds	197 Inpatient 15989 Days	Surgical	X Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	8 Inpatient Days 0	Anesthesia	X 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					
X Obstetrical Ante/Postprtum	Inpatient Beds	17 Inpatient Days 3221	X Pharmaceutical	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Deus	Total Beds this <b>222</b> Building	X Obstetrical Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Repor	t	Data Last Update: 09/21/2016	Submission Date: 01/11/2017	Printed: 1/13/2017 6:30 AM					

Report Year: 20	016 10606 Mercy Ge	neral Hospital	Sad	cramento	Page:5 of 35				
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)									
Building Number:       BLD-01423       Building Name:       South Wing / East Wing									
Medical / Surgical	(Include GYN)	Acute Respiratory Care		Acute Psychiatric					
Inpatient 197 Bed	Inpatient 1598 Days 9	Inpatient 0 Inpatie Bed Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 17 Bed	Inpatient 3221 Days	Inpatient 0 Inpatie Bed Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care Newborn Nursery		Intermediate Card					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent				
Inpatient 8 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days	nt 0	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 Inpatien Bed Days	nt 0	222	222				
OSHPD FDD SB499 F	Report Data Last U	odate: 09/21/2016 Si	ubmission Date: 0	01/11/2017 Printe	d: 1/13/2017 6:30 AM				

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For all buildings a	t the facility, indicate which ones are scheduled for gene	eral acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-01423	South Wing / East Wing	Retrofit	
BLD-01425	Northeast Wing, Part A	Remain	
BLD-01426	Northeast Wing, Part B	Remain	
BLD-01427	North Wing Remain		
BLD-03110	Northeast Wing, Part D	Remain	
BLD-03380	Heart Center	Remain	
BLD-05211	2 Story Corridor Structure	Remain	

BLD-06125

Ambulance Canopy

Remain

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List ALL proposed new buildings to be constructed at this or another site.									
Building Number	Building Name		New Site						
N_2	New Heart Center								
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No data reported	No data reported for Section 130061 (c)(2)(A) , (B), or (C)								

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o data reported for Section 130061(c)(2)(D).								

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lo data reported for Section 130061(c)(2)(D).								

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No data reporte	d for wheth	er the gene	eral acute care services a t numbers for buildings wi	nd beds will be relocated	d to a new, exis	sting or retrofitted bu	uilding and any

Report Year:	2016	10606	Mercy General Hospital	Sacramento	Page:12 of 35					
No data reported	lo data reported for Section 130061(c)(3).									

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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-01423 Buildin	g Name: South Wing / East Wing							
Type of Service	Provided								
		Surgical	X Obstetrie Cesarea		Rehabilitation Therapy				
X	Nursing	Anesthesia	X Obstetri		Renal Dialysis				
X	IntensiveCare	Clinical Lab	Recover						
	Pediatric/Adol escent	Radiological/	X Newborr WellBab		Outpatient Surgery				
	Psychiatric Nursing	Imaging           X         Pharmaceutical	Emerge	ncy	Central Plant				
X	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	, <u> </u>	Support Services				
	Intermediate Care	X Administration							
	Skilled Nursing								
OSHPD FDD SB499 Re	eport Data Las	st Update: 09/21/2016 Subm	ission Date: 01/1	1/2017 Printe	ed: 1/13/2017 6:30 AM				

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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-01423 Building Name: South Wing / East Wing										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation IPY						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal	l Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centra	al Plant						
	Dietetic									
Care Skilled Nursing	X Administration	Nuclear Medicine	Supp Servi							
OSHPD FDD SB499 Report	Data Last Update: 09/21/2016	Submission Date: 01/11/2017	Printed: 1/13/20	 017 6:30 AM						

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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-01425 Building Name: Northeast Wing, Part A										
Configuration:	Configuration: Remove from GAC service by 1/1/2030									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ermediate		Dietetic							
Ca	illed Nursing	X	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-01426 Building Name: Northeast Wing, Part B										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation apy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis						
Pediatric/Adol escent	Clinical Lab	,								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant						
	Dietetic									
Care Care Skilled Nursing	X Administration	Nuclear Medicine	Supp Servi							
OSHPD FDD SB499 Report	Data Last Update: 09/21/2016	Submission Date: 01/11/2017	Printed: 1/13/20	017 6:30 AM						

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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-01427	Building Name: North Wing								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
X Nursing	X Surgical	Obstetrical Cesarean/Deli		bilitation apy					
X IntensiveCare	X Anesthesia	Obstetrical Recovery	Rena	l Dialysis					
Pediatric/Adol escent	X Clinical Lab	Receivery							
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge						
Obstetrical Ante/Postprtum	X Pharmaceutical	X Emergency	X Centr	al Plant					
Intermediate	Dietetic								
Care Care Skilled Nursing	Administration	X Nuclear Medic	ine X Supp Serv						
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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-03110 Building Name: Northeast Wing, Part D										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	Provided									
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	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 Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				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-03380	Building Na	ame: Heart Center									
Configuration:	N/A	N/A										
Type of Service	e Provided											
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy					
X Int	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		Recovery							
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical hte/Postprtum		Pharmaceutical		Emergency	X	Central Plant					
Int Ca	ermediate are		Dietetic		Nuclear Medicine	x	Support					
Sk	tilled Nursing		Administration			<u> </u>	Services					
OSHPD FDD SB499 F	Report	Data Last Upda	te: 09/21/2016	Submiss	ion Date: 01/11/2017	Printed:	1/13/2017 6:30 AM					

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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-05211 Building Name: 2 Story Corridor Structure										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	Provided									
Nu Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate ire		Dietetic		Nuclear Medicine		Support			
Ski	illed Nursing		Administration				Services			
OSHPD FDD SB499 R	Report	Data Last Updat	e: 09/21/2016	Submiss	ion Date: 01/11/2017	Printed:	1/13/2017 6:30 AM			

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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-06125 Building Name: Ambulance Canopy											
Configuration:	N/A	√/A									
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int <sup>a</sup>	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BL	D-01425	Building N	lame: No	rtheast Wing, Part A			]	
Type of Service Prov	<u>/ided</u>							
X Nursing	Inpatient Beds	54		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Su Se	pport rvices	
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		54						
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Include information on 4D and SPC-5 per Sec	the number of ction 130061(e	inpatient beds	by type of Service provided by	/ buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01426	Building N	lame: Northeast Wing, Part	В	
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	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	Inpatient Beds	0	L Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
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Include info 4D and SP	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 Nu	umber: BLI	D-01427	Building N	Name: No	rth Wing			
<u>Type of S</u>	ervice Prov	<u>vided</u>						
X Nurs	sing	Inpatient Beds	34	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inter	nsiveCare	Inpatient Beds	18	X	Anesthesia			
Pedi esce	atric/Adol ent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	F	Renal Dialysis
Psyc	chiatric sing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		Dutpatient Surgery
	tetrical /Postprtum	Inpatient Beds	0	×	Pharmaceutical	X Emergency	X	Central Plant
Inter Care	mediate	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X	Support Services
Skill	ed Nursing	Inpatient Beds	0		Administration			
Tota Build	l Beds this ding		52					
OSHPD FDD SI	3499 Report		ata   ast   Indata:	09/21/2016	S Submission	n Date: 01/11/2017	Printed: 1/12	3/2017 6:30 AM
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Include information on 4D and SPC-5 per Se	the number o ction 130061(	of inpatient beds e)	by type of Service provided b	y buildings that are classified	as SPC-2, SF	°C-3, SPC-4, SPC-
Building Number: BL	D-03110	Building N	ame: Northeast Wing, Par	t D		I
Type of Service Pro	vided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		abilitation rapy
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Ren	al Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Out Sur	patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Cen	tral Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Sup	port vices
Skilled Nursing	Inpatient Beds	0	Administration			
Total Beds this Building		0				
OSHPD FDD SB499 Report		ata Last Update:	09/21/2016 Submiss	ion Date: 01/11/2017 P	rinted: 1/13/20	
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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-03380	Building N	Name: Heart Center			]	
Type of Service F	Provided						
X Nursing	Inpatient Beds	71	X Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
X IntensiveCar	e Inpatient Beds	20	X Anesthesia				
Pediatric/Add escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis	
Psychiatric	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery	
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutica	Emergency	X Ce	entral Plant	
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Su Se	pport rvices	
Skilled Nursi	ng Inpatient Beds	0	Administration				
Total Beds th Building	nis	91					
OSHPD FDD SB499 Rer	oort ת	Pata Last Update:	09/21/2016 Submis	sion Date: 01/11/2017 F	Printed: 1/13/2	2017 6:30 AM	
	Beds		09/21/2016 Submis	sion Date: 01/11/2017 F	Printed: 1/13/2	2017 6:30 AM	

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Include information on 4D and SPC-5 per Sec	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: BL	D-05211	Building N	ame: 2 Story Corridor Str	ucture		]	
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation rapy	
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Cer	ntral Plant	
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Sup Ser	pport vices	
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					
			00/01/0010				
OSHPD FDD SB499 Report	Dat	a Last Update:	09/21/2016 Submiss	sion Date: 01/11/2017 P	rinted: 1/13/20	017 6:30 AM	

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Include information on 4D and SPC-5 per Sec	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-4, AD and SPC-5 per Section 130061(e)						
Building Number: BL	D-06125	Building N	ame: Ambulance Canopy			]	
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy	
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Cer	ntral Plant	
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Sup Ser	oport vices	
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					
OSHPD FDD SB499 Report	Dat	a Last Update:	09/21/2016 Submissio	n Date: 01/11/2017 Pr	inted: 1/13/20	017 6:30 AM	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4, AD and SPC-5 per Section 130061(e)						
Building Number: BLD-01425 Build	ding Name: Northeast Wing, Part A					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 24 Inpatient 6365 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 30 Inpatient 6638 Bed Days	Inpatient 0 Inpatien Bed Days	t 0			
Coronary Care	Chemical Dependency		Beds this ling Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi				
OSHPD FDD SB499 Report Data Last U	pdate: 09/21/2016 Submission Date:	01/11/2017 Printed: 1/13/2	2017 6:30 AM			

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Include information on the number of inpatient b 4D and SPC-5 per Section 130061(e)	eds by type of unit provided by buildings th	at are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-01426 Build	ling Name: Northeast Wing, Part B		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0
OSHPD FDD SB499 Report Data Last U	odate: 09/21/2016 Submission Date	e: 01/11/2017 Printed: 1/13/2	2017 6:30 AM

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Include information on the number of inpatient k 4D and SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01427 Build	ling Name: North Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 34 Inpatient 7443 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 18 Inpatient 4689 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	UnitService5252
	odotov 00/21/2016 Submission Datov	04/44/2047 Drinted: 1/42/2047 6:20 AM

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Include information on the number of inpatient k 4D and SPC-5 per Section 130061(e)	peds by type of unit provided by buildings that	at are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-03110 Build	<b>Stand Name:</b> Northeast Wing, Part D		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0
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Include information on the number of inpatient k 4D and SPC-5 per Section 130061(e)	eds by type of unit provided by buildings the	at are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-03380 Build	ling Name: Heart Center		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 71 Inpatient 19821 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 20 Inpatient 5835 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Serv	91
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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-05211 Build	Ing Name:         2 Story Corridor Structure					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency	Building Per Build	Beds this ing Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	0			
OSHPD FDD SB499 Report Data Last U	odate: 09/21/2016 Submission Date:	01/11/2017 Printed: 1/13/2	017 6:30 AM			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)		
Building Number: BLD-06125	Building Name: Ambulance Canopy	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0
Intensive Care Inpatient 0 Inpatient Days Coronary Care Inpatient 0 Inpatient Days	Bed       Days         Rehabilitation         Center         Inpatient       Inpatient         Inpatient       Inpatient         Chemical Dependency         Inpatient       Inpatient         Inpatient       Inpatient	Int. Care / Developmentally Disabled         Inpatient       0         Bed       Inpatient       0         Total Beds this Building Per Unit       Total Beds this Building Per Service         0       0