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:	10681		1
Facility Name:		ns Community Hospital	
Address:	29101 H	ospital Road	
City:	Lake Arı		
Hospital Owner/Lice	ensee:	San Bernardino Mountains Community Hospital District]
Year of Rep	oorting:	2016	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	San Bernardino Mountains Community Hospital District	
Submission	n Date:	1/11/2017 1:27:40 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- 01474	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2017	07/01/2017
BLD- 01477	Emergency Generator Bldg	29101 Hospital Road	Retrofit	SPC2	01/01/2013	07/01/2017
BLD- 01478	Oxygen Storage Bldg	29101 Hospital Road	Retrofit	SPC2	01/01/2013	07/01/2017

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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).

Main Building Yes-Submitted Building No: BLD-01474 Retrofit/Replacement Project: CEQA Facility Project Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 10681 H132915-36 0 Seismic Retrofit Project 12/26/201 11/17/2015 03/15/2015 10/15/2015 FIEL No. 3 12:00:00 -00 AM 10681 P-2012- Seismic Joint 1/3/2012 8/21/2014 05/01/2014 09/01/2014 FIEL No 00003 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-01477 Emergency Generator Bldg Retrofit/Replacement Project:

Facility Project Sub Plan Approved Projected Projected CEQA Completion Date Status Date Start Date Review Number Number Num Scope Date In 0 CLOS No 10681 HS022019-0 8/5/2002 8/5/2003 05/19/2005 07/01/2006 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-01478 Oxygen Storage Bldg Retrofit/Replacement Yes-Planned

Proiect:



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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
Building Number: BL	.D-01474	Building Name: Ma	ain Building		_
Type of Service Prov	<u>/ided</u>				
X Nursing	Inpatient Beds	17 Inpatient 2360 Days	X Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	,
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	rsis
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 7253	X Support Services	X Outpatient Surgery	
	Deus	Total Beds this Building 37	Obstetrical Cesarean/Deliv	X Central Pla	nt

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Provide the number	of inpatient be	ds and patient days per type of service p	er building per Section 130061	(c)(1)(F)
Building Number:	BLD-01477	Building Name: Er	mergency Generator Bldg	
Type of Service Pro	ovided			
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/Postprtun	Inpatient n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	ı Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

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Provide the number of	inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
Building Number: BL		Building Name: Ox	xygen Storage Bldg		
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	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	nnt

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01474 Main Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 17 Inpatient 1280 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 20 Inpatient | 7175 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Bed Days **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 37 Inpatient Inpatient Inpatient 37 Bed Days Days Bed

Report Year: 2016 10681 Mountains Community Hospital Lake Arrowhead Page:9 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Emergency Generator Bldg Building Number:** BLD-01477 **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 10681 Mountains Community Hospital Lake Arrowhead Page:10 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01478 Oxygen Storage Bldg **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

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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-01474	Main Building	Retrofit
BLD-01475	Radiology/Lab and ER Addition	Remain
BLD-01477	Emergency Generator Bldg	Retrofit
BLD-01478	Oxygen Storage Bldg	Retrofit
BLD-03687	Emergency Generator Bldg II	Remain

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

Report Year: Mountains Community Hospital 2016 10681 Lake Arrowhead Page:13 of 29 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Mountains Community Hospital 2016 10681 Lake Arrowhead Page:14 of 29 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whether	er the general	al acute care servic	es and beds will be	relocated to a	new, existing o	r retrofitted building a ace" per Section 130	and any
corresponding	building sites	s or project i		gs with a bulluling in	esolution of To	ebulia of Rep	ace per decilon foc	0001(c)(2)(L).

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

Section 130061 ding Number:		ng Name: M	ain Building				
Type of Service	e Provided	. –		_			
		X	Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab			х	Outpatient
	escent	X	Radiological/ Imaging	Ш	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical		i namaceuticai		Linergoney		Central Flant
	Ante/Postprtum	x	Dietetic	Ш	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
X	Skilled Nursing						

lding Number:	BLD-01477 Buildi	ng Name: E	mergency Generator	Bldg				
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia		Obstetrical		Renal Dialysis	
	IntensiveCare Pediatric/Adol escent		Clinical Lab		Recovery		Outpatient	
	Psychiatric		Radiological/ Imaging		Newborn/ WellBaby		Surgery	
	Nursing Obstetrical		Pharmaceutical		Emergency	X	Central Plant	
	Ante/Postprtum		Dietetic	Ш	Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

lding Number:	BLD-01478 Buildi	ng Name: O	xygen Storage Bldg				
Type of Service	e Provided	I 🗆	Surgical	Obstetrical		Rehabilitation	
	Nursing		A	 Cesarean/Deliv		Therapy	
П	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab			Outpatient Surgery	
	Psychiatric		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Nursing		Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

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	ther by retrofit or by r			ach building will comply w be provided in each gener		
Building Number:	BLD-01474	Building Nan	ne: Main Building			
Configuration:	N/A					
Type of Service	e Provided					
X Nu	ursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare	X	Anesthesia	Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab	Necovery		
	sychiatric ursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	X	Pharmaceutical	Emergency	X	Central Plant
	termediate	X	Dietetic	Lineigency		Comman
	are killed Nursing	X	Administration	Nuclear Medicine	X	Support Services

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	her by retrofit or by				ach building will comply voe provided in each gene		
Building Number:	BLD-01475	Building Nan	ne: Radiology/Lab and	d ER Add	dition		
Configuration:	Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	ediatric/Adol cent	X	Clinical Lab		recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		itpatient rgery
	ostetrical		Pharmaceutical				
<u> </u>	nte/Postprtum			X	Emergency	Ce	ntral Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		upport
Sk	tilled Nursing		Administration			Se	ervices

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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-01477	Building Nan	ne: Emergency Gener	ator Bld	g		
Configuration:	Retrofit Non-Conf	orming buildin	g to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	Provided						
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Receivery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Int	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services
		•					

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	her by retrofit or by				ach building will comply wind perovided in each genera		
Building Number:	BLD-01478	Building Nar	me: Oxygen Storage E	Bldg			
Configuration:	Retrofit Non-Con	forming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery
	ostetrical		Pharmaceutical				
— Ar	nte/Postprtum				Emergency	X C	entral Plant
	termediate are		Dietetic		Nuclear Medicine		Gupport
Sk	cilled Nursing		Administration				Services

eport Year:	2016 10681 N	Mountains Co	ommunity Hospital		Lake Arrowhead	d	Page:25 of 29
	ether by retrofit or by r				ach building will comply be provided in each geno		
uilding Number	: BLD-03687	Building Na	me: Emergency Gen	erator Bld	g II		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce 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		F		Octobel Plant
	Intermediate		Dietetic	Ш	Emergency	X	Central Plant
	Care		Administration		Nuclear Medicine		Support Services
	Skilled Nursing		, tallimion and l				

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Include information 4D and SPC-5 per	on the number of Section 130061(of inpatient beds be e)	by type of Service provided by l	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-01475	Building Na	ame: Radiology/Lab and ER	Addition	
Type of Service F	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	e Inpatient Beds	0	Anesthesia		
Pediatric/Add	ol Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ng Inpatient Beds	0	Administration		
Total Beds the Building	nis	0			

port Year: 2	2016 10681	Mountains Commi	unity Hospital	Lake Arrowhead	Page:27 of 29
	tion on the number oper Section 130061(6		y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Numbe	er: BLD-03687	Building Na	me: Emergency Generator	Bldg II	
Type of Servi	ce Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive	eCare Inpatient Beds	0	Anesthesia	_	
Pediatric escent	:/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiate Nursing	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	X Central Plant
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	lursing Inpatient Beds	0	Administration		
Total Bed Building	ds this	0			

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Include information on the number of innatient beds by type of unit provided by buildings that are classified as SPC-2_SPC-3_SPC-4_S

Building Number:	BLD-01475	Building Name:	Radiology/Lab and ER	Addition
Medical / Surgical (Include GYN)	Acute Resp	oiratory Care	Acute Psychiatric
npatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Perinatal (Exclude	Newborn / GYN)	Burn		Skilled Nursing
npatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
Pediatric		Intensive C Nursery	are Newborn	Intermediate Care
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
ntensive Care		Rehabilitati Center	ion	Int. Care / Developmentally Disabled
npatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical D	Pependency	Total Beds this Total Beds th Building Per Building Per
npatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	Unit Service

Report Year: 2016 10681 Mountains Community Hospital Lake Arrowhead Page:29 of 29 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-03687 Emergency Generator Bldg II **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 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 Days Bed Days Bed ol 0