Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

| Provide the Hospital | Provide the Hospital Owner and Year of Report per Section 130061(e) | | | | | | | |
|--------------------------|---|---|--|--|--|--|--|--|
| Facility Number: | 11125 | | | | | | | |
| Facility Name: | Trinity H | ospital | | | | | | |
| Address: | 60 Easte | er Avenue | | | | | | |
| City: | Weaver | ville | | | | | | |
| | | | | | | | | |
| Hospital Owner/Licensee: | | Mountain Communities Healthcare District | | | | | | |
| 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 Submitter: | | Wally Couch | | | | | | |
| Submission | n Date: | 1/6/2017 11:32:11 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. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|------------------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD- 02525 | Security Addition | 60 Easter Avenue | Retrofit | SPC2 | 01/01/2020 | 07/01/2019 |
| BLD- 02529 | Connecting Corridor Addition | 60 Easter Avenue | Remove | N/A | 01/01/2020 | 07/01/2019 |

Report Year: 2016 11125 Trinity Hospital Weaverville Page:3 of 34

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).

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STRUCTURAL UPGRADE

Building No: BLD-02525 **Security Addition** Retrofit/Replacement Yes-Submitted Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Start Date Number Number Num Scope Date Review Date In PEND No 11125 H142985-53 0 RRU Sac - SECURITY ADD SPC 2 12/26/201 11/2/2016 07/31/2015 12/31/2020

4

12:00:00 AM

| Report Year: 2016 | 11125 | Trinity Hospital | Weaverville | | Page:4 of 34 | | | |
|----------------------------|--|--------------------------|----------------------------|-------------------------|--------------|--|--|--|
| 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-02525 | Building Name: Se | curity Addition | | | | | |
| Type of Service Prov | <u>/ided</u> | | | | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitatio Therapy | n | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialys | sis | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | X Outpatient Surgery | | | | |
| | beas | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plan | t | | | |
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| Report Year: 2016 | 11125 | Trinity Hospital | Weaverville | | Page:5 of 34 |
|----------------------------|-------------------|---|---------------------------------|-----------------------|--------------|
| Provide the number of | f inpatient bed | ds and patient days per type of service p | er building per Section 130061(| (c)(1)(F) | |
| Building Number: Bl | | Building Name: | onnecting Corridor Addition | | |
| Type of Service Pro | <u>vided</u> | | • | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | , |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitati Therapy | on |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialy | /sis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | |
| | Deus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Pla | nt |
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Trinity Hospital Report Year: 2016 11125 Weaverville Page:6 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02525 **Building Number: Building Name:** Security Addition Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Trinity Hospital Report Year: 2016 11125 Weaverville Page:7 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02529 **Connecting Corridor Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days **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-02523 | Main Hospital Building | Remain | | |
| BLD-02525 | Security Addition | Retrofit | | |
| BLD-02526 | 16-Bed Addition | Remain | | |
| BLD-02527 | Lab and Radiology Addition | Remain | | |
| BLD-02528 | Emergency Generator Building | Remain | | |
| BLD-02529 | Connecting Corridor Addition | Remove | | |

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|----------------|--|-------|------------------|-------------|--------------|--|--|--|
| No proposed ne | No proposed new buildings to be constructed at this or another site. | | | | | | | |
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| Report Yea | ar: 2016 | 11125 | Trinity Hospital | | | Weaverville | | | Page:10 of 34 |
|---|---|--------------|---|-----------|---|------------------|----------|---|---------------|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | | |
| Building N | umber: BLD-0 | 2529 | Connecting Corridor | r Additic | on | Removal Date: | 07/01 | 1/2019 | |
| Planned U | ses for the buildi | ing to be re | moved from acute care service: | | | | | | |
| Planned u | se for building: | | | | | | | | |
| | ervices currently Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered | Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration | | Obstetrical Cesarean/De Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine | iliv | Ren Outi | nabilitation trapy nal Dialysis patient gery ntral Plant sport vices | |
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|---|---------------------------------|---|---------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | |
| Building Nbr: BLD-02529 Building Name: | Connecting Corridor Addition | Year of Information: 2013 | | | | | |
| Unit Type | | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 25 Patient 1402 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 26 Patient Beds Days | 7469 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 51 | | | | |
| Deus Days | Deus Days | Total Beds this Building per Service | 26 | | | | |
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Report Year: 2016 11125 **Trinity Hospital** Weaverville Page:12 of 34 Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2014 Building Nbr: BLD-02529 Connecting Corridor Addition **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient Patient 739 0 Patient 0 0 0 25 Inpatient Inpatient Patient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) **Skilled Nursing** Burn Patient ol Inpatient Patient Inpatient 26 Patient 5320 Inpatient Davs Beds Beds Davs Beds Davs **Pediatric Intensive Care Newborn Nursery Intermediate Care** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 Beds Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 0 0 Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient ol Patient Days Beds Beds Days Beds Days **Coronary Care Chemical Dependency Total Beds this** 51 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 0 **Building per Service**

Report Year: 2016 11125 **Trinity Hospital** Weaverville Page:13 of 34 Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2015 Building Nbr: BLD-02529 Connecting Corridor Addition **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient Patient 0 Patient 0 0 0 25 1145 Inpatient Inpatient Patient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Inpatient Patient Inpatient 26 Patient 6866 Inpatient Davs Beds Beds Davs Beds Davs **Pediatric Intensive Care Newborn Nursery Intermediate Care** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 Beds Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 0 0 Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient ol Patient Days Beds Beds Days Beds Days **Coronary Care Chemical Dependency Total Beds this** 51 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 51 **Building per Service**

| Report Year: 201 | 6 11125 Trinity | Hospital | | Weaverville | Page:14 of 34 | | | |
|-------------------------------|--|--------------------------|----------------|-------------------------------|---------------------------|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | |
| Building Nbr: BLD-0 | D2529 Building Name: | Connecting Corridor Addi | tion | Year of Information: | 2013 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological | / Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceut | cal Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | on | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11125 Trinity | Hospital | V | Veaverville | Page:15 of 34 | | | |
|-------------------------------|--|--------------------------|--------------------------|----------------------------|---------------------------|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | |
| Building Nbr: BLD-0 | D2529 Building Name: | Connecting Corridor Addi | tion | Year of Information: | 2014 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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|---|--|--|---------------------------|--|--|--|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-02529 Building Name: | Connecting Corridor Addition | Year of Information: | 2015 | | | | | | |
| Type of Services Provided | • | Information Current As Of: | | | | | | | |
| X Nursing Inpatient 25 Beds | Patient 1145 S | Surgical Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 A | Anesthesia Obstetrical | Renal Dialysis | | | | | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 0 | Clinical Lab Recovery | | | | | | | |
| Psychiatric Inpatient 0 Nursing Beds | | Radiological/ Newborn/ [maging WellBaby | Outpatient Surgery | | | | | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical Emergency | Central Plant | | | | | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Dietetic Nuclear [Medicine | Support Services | | | | | | |
| X Skilled Nursing Inpatient 26 Beds | Patient 6866 Days | Administration | | | | | | | |
| Total Beds this Building per service | 51 | | | | | | | | |
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|-----------------|-----------------|---------------|---|----------------|---|----------------|
| No data reporte | ed for whethe | er the genera | al acute care services and beds will be renumbers for buildings with a Building Res | elocated to a | new, existing or retrofitted building a | and any |
| corresponding | bulluling sites | roi projectii | unibers for buildings with a building free | Solution of TC | ebulla of Replace per dection 130 | 5001(c)(z)(L). |
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| Report Year: | 2016 | 11125 | Trinity Hospital | Weaverville | Page:18 of 34 |
|-----------------|----------------|------------|------------------|-------------|---------------|
| No data reporte | ed for Section | n 130061(c |)(3). | | |
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| ng Number: | BLD-02525 Buildi | ng Name: S | ecurity Addition | | | |
|--------------|-------------------------------|------------|--------------------------|-------------------------|----|---------------------|
| pe of Servic | e Provided | I | Surgical | Obstetrical | | Rehabilitation |
| | Nursing | | | Cesarean/Deliv | | Therapy |
| | IntensiveCare | | Anesthesia | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol | | Clinical Lab | · | Х | Outpatient |
| | escent | | Radiological/ Imaging | Newborn/ WellBaby | [] | Surgery |
| Ш | Psychiatric Nursing | | Pharmaceutical | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtum | | Dietetic | Nuclear Medicine | | Support Services |
| | Intermediate Care | | Administration | | | |
| | Skilled Nursing | | | | | |

| lding Number: | | ng Name: C | onnecting Corridor A | ddition | | | |
|-----------------|------------------------|------------|--------------------------|---------|-------------------------------|---------------------------|--|
| Гуре of Service | e Provided | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | Nursing IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis | |
| | Pediatric/Adol | | Clinical Lab | | Recovery Newborn/ | Outpatient Surgery | |
| | Psychiatric Nursing | | Radiological/ Imaging | _ | WellBaby | | |
| | Obstetrical | | Pharmaceutical | | Emergency Nuclear | Central Plant Support | |
| | Ante/Postprtum | | Dietetic | | Medicine | Services | |
| Ш | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | | | | | |

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|------------------|-----------------------------|--|-------------------------|---------|--|---|---------------------------|
| | her by retrofit or by i | | | | ach building will comply with be provided in each general | | |
| Building Number: | BLD-02523 | Building Name | e: Main Hospital Build | ding | | | |
| Configuration: | Retrofit Non-Confo | orming building | to SPC 2 and NPC 3 | and rem | ove from service by 2030 | | |
| Type of Service | Provided | | | | | | |
| X Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inf | tensiveCare | A | nesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ maging | | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical nte/Postprtum | F | Pharmaceutical | | Emergency | X | Central Plant |
| Int | termediate | | Dietetic | | Emergency | | Ochilar Falli |
| | are | X A | Administration | | Nuclear Medicine | | Support Services |
| Sk | killed Nursing | <u> </u> | Administration | | | | |

| port Year: | 2016 11125 | Trinity Hospi | tal | | Weaverville | Page:22 of 34 |
|---------------|-------------------------------|---------------|--------------------------|---|---|---------------------------|
| | hether by retrofit or by | | | | ach building will comply be provided in each gen | |
| uilding Numbe | er: BLD-02525 | Building Na | me: Security Addition | n | | |
| Configuration | ı: N/A | | | | | |
| Type of Ser | vice Provided | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | | |
| | Ante/F Ostpitum | | Di vit | | Emergency | Central Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | Support |
| | Skilled Nursing | | Administration | | | Services |

| 2016 11125 | Trinity Hospit | tal | | Weaverville | | Page:23 of 34 |
|--------------------------|---|---|--|--|--|---|
| | | | | | | |
| er: BLD-02526 | Building Na | me: 16-Bed Addition | 1 | | | |
| : N/A | | | | | | |
| vice Provided | | | | | | |
| Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical | | Pharmaceutical | | | | |
| Ante/Postpitum | | D | | Emergency | | Central Plant |
| Intermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| Skilled Nursing | | Administration | | | | Services |
| 'l : | configuration of all but hether by retrofit or by 2061(c)(5) er: BLD-02526 EN/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care | configuration of all buildings on the hether by retrofit or by replacement 0061(c)(5) er: BLD-02526 Building Na N/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care | configuration of all buildings on the hospital campus show hether by retrofit or by replacement and the type of service 2061(c)(5) er: BLD-02526 Building Name: 16-Bed Addition N/A Surgical | configuration of all buildings on the hospital campus showing how en hether by retrofit or by replacement and the type of service that will in 2061(c)(5) er: BLD-02526 Building Name: 16-Bed Addition EN/A Vice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Obstetrical Ante/Postprtum Intermediate Care Administration | configuration of all buildings on the hospital campus showing how each building will comply hether by retrofit or by replacement and the type of service that will be provided in each gen 1061(c)(5) ar: BLD-02526 Building Name: 16-Bed Addition N/A | configuration of all buildings on the hospital campus showing how each building will comply with the SF hether by retrofit or by replacement and the type of service that will be provided in each general acute of 1061(c)(5) Building Name: 16-Bed Addition Intermediate Care |

| |)16 11125 T | rinity Hospit | al | | Weaverville | Page:24 of 34 |
|-----------------|-----------------------------|---------------|--------------------------|-----------|--|---------------------------|
| | her by retrofit or by r | | | | ach building will comply be provided in each geno | |
| uilding Number: | BLD-02527 | Building Na | me: Lab and Radiolog | y Additic | n | |
| Configuration: | N/A | | | | | |
| Type of Service | Provided | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | |
| | ychiatric ırsing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | Central Plant |
| | ermediate | | Dietetic | | | Somar iam |
| Car Ski | illed Nursing | | Administration | | Nuclear Medicine | Support Services |

| | uildings on the hospital campus show y replacement and the type of service | | |
|----------------------------|---|-------------------------------|---------------------------|
| | | | |
| ilding Number: BLD-02528 | Building Name: Emergency Gen | erator Building | |
| Configuration: N/A | | | |
| Type of Service Provided | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | Recovery | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Pharmaceutical | | O A A A A B A A A |
| Intermediate | Dietetic | Emergency | Central Plant |
| Care | Administration | Nuclear Medicine | Support Services |
| Skilled Nursing | | | |

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|--|---|---|---|
| Report the final configuration of a requirements whether by retrofit of per Section 130061(c)(5) | all buildings on the hospital campus show or by replacement and the type of servic | wing how each building will comply be that will be provided in each geno | with the SPC-5/NPC-4 or 5 eral acute care hospital building |
| Building Number: BLD-02529 | Building Name: Connecting Cor | rridor Addition | |
| Configuration: N/A | | | |
| Type of Service Provided | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | Recovery | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical | Pharmaceutical | | |
| Ante/Postprtum | | Emergency | Central Plant |
| Intermediate Care | Dietetic | Nuclear Medicine | Support |
| Skilled Nursing | Administration | | Services |
| | | | |
| | | | |
| | | | |

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|---------------------------------|---|--------------------------|--------------------------------|---------------------------------|------------------------------|
| Include informa 4D and SPC-5 | tion on the number oper Section 130061(| f inpatient beds l e) | by type of Service provided by | v buildings that are classified | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Numbe | er: BLD-02523 | Building Na | ame: Main Hospital Buildin | g | |
| Type of Servi | ce Provided | | | | |
| X Nursing | Inpatient Beds | 25 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Intensive | Care 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 | X Outpatient Surgery |
| Obstetric Ante/Pos | | 0 | X Pharmaceutical | Emergency | X Central Plant |
| Intermed Care | iate Inpatient Beds | 0 | X Dietetic | Nuclear Medicine | X Support Services |
| Skilled N | ursing Inpatient Beds | 25 | X Administration | | |
| Total Bed Building | ds this | 50 | | | |
| | | | | | |

| ort Year: 2016 | 11125 | Trinity Hospital | | Weaverville | Page:28 of 34 |
|--|--------------------------|------------------|-------------------------------|---------------------------------|------------------------------|
| nclude information ID and SPC-5 per | | | y type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: | BLD-02526 | Building Na | me: 16-Bed Addition | | |
| Type of Service I | <u>Provided</u> | | | | |
| X Nursing | Inpatient Beds | 4 | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCa | re Inpatient Beds | 0 | X Anesthesia | | |
| Pediatric/Ad escent | ol Inpatient Beds | 0 | Clinical Lab | X Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery |
| Obstetrical Ante/Postpri | Inpatient tum Beds | 0 | Pharmaceutical | X Emergency | Central Plant |
| Intermediate Care | e Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nurs | ing Inpatient Beds | 0 | Administration | | |
| Total Beds t Building | his | 4 | | | |
| | | | | | |
| | | | | | |

| port Year: 2016 | 11125 | Trinity Hospital | | Weaverville | Page:29 of 34 |
|--|-------------------|------------------|-----------------------------|---------------------------------|------------------------------|
| Include information or 4D and SPC-5 per Se | | | type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-02527 | Building Na | me: Lab and Radiology A | ddition | |
| 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 | X Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
| | | | | | |

| clude information on the | | | | | | | Page:30 of 34 |
|-----------------------------|-------------------|------------------|-----------|--------------------------|--------------------------------|--------------|--------------------|
| D and SPC-5 per Secti | | npatient beds by | type of S | Service provided by b | uildings that are classified a | s SPC-2, SP | C-3, SPC-4, SPC- |
| uilding Number: BLD | -02528 | Building Nan | ne: En | nergency Generator E | Building | | |
| ype of Service Provi | ded | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha | abilitation apy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X Cent | ral Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Supp Serv | oort ices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |

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| Building Number: | BLD-02523 | Building Name: | Main Hospital Building | |
|----------------------|----------------|------------------------|------------------------|--|
| ledical / Surgical (| Include GYN) | Acute Res | piratory Care | Acute Psychiatric |
| patient 25 ed | Inpatient Days | 1039 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Inpatient Days |
| erinatal (Exclude | Newborn / GYN) | Burn | | Skilled Nursing |
| ed 0 | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 25 Inpatient 66. Bed Days |
| ediatric | | Intensive C Nursery | Care Newborn | Intermediate Care |
| ed 0 | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Inpatient Days |
| tensive Care | | Rehabilitat Center | ion | Int. Care / Developmentally Disabled |
| patient 0 | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Inpatient Days |
| oronary Care | | Chemical I | Dependency | Total Beds this Total Beds t Building Per Building Per |
| patient 0 ed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | Unit Service |

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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-02526 16-Bed 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 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed

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| Building Number: BLD-02527 | Building Name: Lab and Radiology Addition | |
|-----------------------------------|---|--|
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Unit Service |

Report Year: 2016 11125 **Trinity Hospital** Weaverville Page:34 of 34 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-02528 **Emergency Generator 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 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**

Inpatient

Days

Building Per

ol

Unit

0

Building Per

0

Service

OSHPD FDD SB499 Report Data Last Update: 01/06/2017 Submission Date: 01/06/2017 Printed: 1/8/2017 6:30 AM

0

Inpatient

Bed

Inpatient

Bed

Inpatient

Days