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:	11159		
Facility Name:	Commu	nity Memorial Hospital - San Buenaventura	
Address:	147 N. E	Brent Street	
City:	Ventura		
Hospital Owner/Lic	ensee:	Community Memorial Hospital of San Buenaventura	
Year of Reporting:		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	ldress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	John Oden	
Submission	n Date:	10/20/2016 4:22:36 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00585	Goodyear Wing	147 N. Brent Street	Rebuild	SPC5	01/01/2018	09/15/2017
BLD- 00586	Main Building & Additions	147 N. Brent Street	Rebuild	SPC5	01/01/2018	09/15/2017
BLD- 00587	Gift Shop	147 N. Brent Street	Rebuild	SPC5	01/01/2018	09/15/2017
BLD- 00588	West Wing & Addition	147 N. Brent Street	Rebuild	SPC5	01/01/2018	09/15/2017

Report Year: 11159 Community Memorial Hospital - San Buenaventura Page:3 of 66 2016 Ventura 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). Goodyear Wing Retrofit/Replacement Building No: BLD-00585 No Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11159 IS082255-0 12/18/200 08/18/2011 ACTI No 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). No BLD-00586 Main Building & Additions Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 11159 IS082255-0 0 12/18/200 08/18/2011 ACTI No 8

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Page:4 of 66 Ventura For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). BLD-00587 No Gift Shop Building No: Retrofit/Replacement Project: CEQA Facility Project Plan Approved Projected Projected Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In 11159 IS082255-0 0 12/18/200 08/18/2011 ACTI No For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). BLD-00588 West Wing & Addition Retrofit/Replacement No Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Start Date Completion Date Status Number Number Num Scope Date Review Date In 0 ACTI No IS082255-0 08/18/2011 11159 12/18/200 8

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-00585 Building Name: Goodyear Wing									
Type of Service Prov	<u>rided</u>								
X Nursing	Inpatient Beds	18 Inpatient 1559 Days	Surgical	X Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 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	10 Inpatient Days 2800	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Beds	Total Beds this Building 28	X Obstetrical Cesarean/Deliv	Central Plant					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
	_D-00586	Building Name:	Main Building & Additions					
Type of Service Prov	<u>vided</u>		•					
X Nursing	Inpatient Beds	157 Inpatient 28076 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	5 Inpatient Days 273	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 2800	Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	X Outpatient Surgery				
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant				

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Provid	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
	Building Number: BLD-00587 Building Name: Gift Shop Type of Service Provided									
					I —		□ Obatatria	1		
	Nursing	Inpatient Beds	0 Inpatient Days	0	Surg	ical	Obstetrica Recovery	I		
I	IntensiveCare	Inpatient Beds	0 Inpatient Days	0	Anes	thesia	Newborn/ WellBaby			
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Day	/s 0	Clinic	cal Lab	Emergend	у		
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Day	/s 0	Radio	ological/ ing	Nuclear Medicine			
	Obstetrical	Inpatient	0 Inpatient Day	/s 0	Pharr	maceutical tic	Rehabilita Therapy	tion		
	Ante/Postprtum	Beds		<u> </u>						
	Intermediate Care	Inpatient Beds	0 Inpatient Day	/s 0		nistration	Renal Dia			
	Skilled Nursing	Inpatient Beds	0 Inpatient Day	/s 0	X Supp Servi	ces	Outpatient Surgery			
		Deus	Total Beds this Building	0		etrical rean/Deliv	Central PI	ant		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)										
	Building Number: BLD-00588 Building Name: West Wing & Addition Type of Service Provided									
Type of Service Prov	<u>vided</u>									
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery						
X IntensiveCare	Inpatient Beds	21 Inpatient Days 5811	Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine						
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis						
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Outpatient Surgery						
	2000	Total Beds this Building 21	Obstetrical Cesarean/Deliv	Central Plant						

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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)									
Building Number: BLD-00585 Building Name: Goodyear Wing									
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric					
Inpatient 18 Bed	Inpatient 1559 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 10 Bed	Inpatient 2800 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	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 Bed	Inpatient 0 Days	28	28				

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:10 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00586 Main Building & Additions **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 157 Inpatient 2807 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 6 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient 2800 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient 273 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 162 Inpatient Inpatient Inpatient Inpatient 162 Days Days Bed Bed

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:11 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00587 Gift Shop **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 0 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 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:12 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00588 West Wing & Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 2659 Inpatient 10 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 21 3152 21 Inpatient 11 Inpatient Inpatient Inpatient 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-00585	Goodyear Wing	Rebuild
BLD-00586	Main Building & Additions	Rebuild
BLD-00587	Gift Shop	Rebuild
BLD-00588	West Wing & Addition	Rebuild
BLD-00589	South Wing	Remain
BLD-00590	North Wing & OB/Gyn Addition	Remain
BLD-00591	Ambulatory Surgery & OB/Gyn Addition	Remain
BLD-00592	E.R. Addition	Remain
BLD-00593	Emergency Generator Building	Remain
BLD-03250	E.R. Addition Bridge	Remain
BLD-03251	Service Building	Remain
BLD-03252	Bridge Addition	Remain
BLD-03253	Brent Street Bridge	Remain

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List ALL proposed new buildings to be constructed at this or another site.

Building Name New Site

N_1 Replcmt (IS082255-0)

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Number: BLD-0058	Building Number: BLD-00585 Goodyear Wing Removal Date:								
Planned Uses for the building	to be removed from acute care	service:							
Planned use for building: Cli	nic	Jurisdiction: OSHPD							
Inpatient services currently del	livered in the building:								
X Nursing IntensiveCare	Surgical Anesthesia	X Obstetrical Cesarean/De	Rehabilitation Therapy	on					
Pediatric/Adol escent	Clinical Lab	X Obstetrical Recovery	Renal Dialy	rsis					
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery						
X Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	nt					
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services						
Skilled Nursing	Administration								

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The project replaced of The planner replaced of	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building N	Building Number: BLD-00586 Main Building & Additions Removal Date:									
Planned U	Ises for the build	ing to be remov	ved from acute car	re service:						
Planned u	use for building:	Other		Jurisdiction:						
	Other Usage:	MOB, Support	Services, Adminis	strative offices						
Inpatient s	services currently	delivered in th	e building:							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia							
X	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	S		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support Services			
	Skilled Nursing	X	Administration							

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building N	Building Number: BLD-00587 Gift Shop Removal Date:								
Planned U	ses for the build	ing to be remov	ved from acute care	e service:					
Planned u	se for building:	Other		Jurisdiction:					
	Other Usage:	Meeting room	entrance						
Inpatient s	ervices currently	delivered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
	IntensiveCare		Anesthesia						
1 1	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П	Central Plant		
1 1	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support Services		
	Skilled Nursing	ı 🗆	Administration						

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Number: BLD-00588 West Wing & Addition Removal Date:									
Planned Uses for the	e building to	be remov	ed from acute care	e service:					
Planned use for buil	Iding: Othe	r		Jurisdiction:					
Other Us	sage: Admi	nistrative	offices, outpatient	clinic and lab					
Inpatient services cu	rrently delive	ered in the	e building:						
Nursing			Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
X Intensive(Care		Anesthesia						
Pediatric// escent	Adol	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis	3	
Psychiatri Nursing	c		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obstetrica Ante/Post			Pharmaceutical	X	Emergency		Central Plant		
Intermedia Care	ate		Dietetic		Nuclear Medicine	X	Support Services		
Skilled Nu	ırsing		Administration						

Community Memorial Hospital - San Buenaventura Report Year: 2016 11159 Ventura Page:19 of 66 No data reported for Section 130061(c)(2)(D).

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Report whether the general acute care services as building sites or project numbers for buildings with			responding
Building Number: Will general acute care services and beds will be	Goodyear Wing relocated to a new, Existing or retrofitted	building?	
Nursing N/A			
Report whether the general acute care services as building sites or project numbers for buildings with			esponding
Building Number: Will general acute care services and beds will be a Obstetrical Ante Postprtum BLD-00585 Building Name: N/A	Goodyear Wing relocated to a new, Existing or retrofitted	building?	
Report whether the general acute care services as building sites or project numbers for buildings with			responding
Building Number: Will general acute care services and beds will be a Support Services N/A	Goodyear Wing relocated to a new, Existing or retrofitted	building?	

Report Year: 2016 1115	Community N	Memorial Hospital - San Buenaventura	Ventura	Page:22 of 66
		d beds will be relocated to a new, existing Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute care services Obstetrical Cesarean/Deliv BLD-00585 N/A	Building Name: s and beds will be re	Goodyear Wing elocated to a new, Existing or retrofitted l	building?	
		d beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute care services Obstetrical Recovery N/A	Building Name: s and beds will be re	Goodyear Wing elocated to a new, Existing or retrofitted l	building?	
		d beds will be relocated to a new, existing Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute care services Newborn/Well Baby N/A	Building Name:	Goodyear Wing elocated to a new, Existing or retrofitted by	building?	

Report Year: 2016 Community Memorial Hospital - San Buenavent	tura	Page:23 of 66
Report whether the general acute care services and beds will be relocated to a new, e building sites or project numbers for buildings with a Building Resolution of "Rebuild" of the services and beds will be relocated to a new, e		
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofice (Include GYN) BLD-00585 Building Name: Goodyear Wing Goodyear Wing N/A	itted building?	
Report whether the general acute care services and beds will be relocated to a new, e building sites or project numbers for buildings with a Building Resolution of "Rebuild" of	xisting or retrofitted building and any cor "Replace" per Section 130061(c)(2)(E)	responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofice Perinatal (exclude Newborn / GYN)) N/A		
Report whether the general acute care services and beds will be relocated to a new, e building sites or project numbers for buildings with a Building Resolution of "Rebuild"		
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofic Dietetic N/A	itted building?	

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Report whether the general acute care services building sites or project numbers for buildings w			
Building Number: BLD-00587 Building Name	e: Gift Shop		
Will general acute care services and beds will be	e relocated to a new, Existing or retrofitted	building?	
Support Services N/A			
Report whether the general acute care services building sites or project numbers for buildings w			
Building Number: BLD-00588 Building Name	-		
Will general acute care services and beds will b	e relocated to a new, Existing or retrofitted	building?	
Intensive Care N/A			
Report whether the general acute care services building sites or project numbers for buildings w			
Building Number:	e: West Wing & Addition		
Will general acute care services and beds will b	e relocated to a new, Existing or retrofitted	building?	
ClinicalLab N/A			

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 BLD-00588 Building Name: West Wing & Addition Number: 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 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 BLD-00588 Building Name: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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 BLD-00588 Building Name: West Wing & Addition West Wing & Addition West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Intensive Care N/A	Report Year: 2016 Community Memorial Hospital - San Buenav	Ventura	Page:25 of 66
Number: 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 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 BLD-00588 Building Name: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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 BLD-00588 Building Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? West Wing & Addition Number:			
Support Services N/A 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 BLD-00588 Building Name: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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 BLD-00588 Building Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
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 BLD-00588 Building Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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 BLD-00588 Building Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?	
Building Sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00588 Building Name: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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 BLD-00588 Building Name: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Support Services N/A		
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A 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: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
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: West Wing & Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Number:		
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 Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?		etrofitted building?	
Building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00588 Building Name: West Wing & Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Emergency N/A		
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Intensive Care N/A	Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?	
	Intensive Care N/A		

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		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		
Building BLD-00 Number:		West Wing & Addition		
	/A	elocated to a new, Existing or retrofitted be	building?	
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		
		Main Building & Additions relocated to a new, Existing or retrofitted by	building?	
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute care se Pediatric Adolescent No	ervices and beds will be r	Main Building & Additions elocated to a new, Existing or retrofitted by	building?	

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Report whether the general acute care services and beds will be relocated t building sites or project numbers for buildings with a Building Resolution of "		
Building Number: BLD-00586 Building Name: Main Building & Addition Will general acute care services and beds will be relocated to a new, Existing		
Obstetrical Ante Postprtum N/A		
Report whether the general acute care services and beds will be relocated t building sites or project numbers for buildings with a Building Resolution of		
Building Name: Main Building & Addition Number: Will general acute care services and beds will be relocated to a new, Existing		
Surgical N/A		
Report whether the general acute care services and beds will be relocated t building sites or project numbers for buildings with a Building Resolution of "		
Building Number: BLD-00586 Building Name: Main Building & Addition		
Will general acute care services and beds will be relocated to a new, Existin	g or retrofitted building?	
Anesthesia N/A		

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Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00586 Building Name:	Main Building & Additions		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Radiological/Imaging N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00586 Building Name:	Main Building & Additions		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Dietetic N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number:	Main Building & Additions		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Administration N/A			

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-00586 Building Name: Main Building & Additions
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 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 BLD-00586 Building Name: Main Building & Additions Number:
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
OutpatientSurgery N/A
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 Name: Main Building & Additions Number:
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
CentralPlant N/A

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 13006	
Building Number: BLD-00586 Building Name: Main Building & Additions	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Medical/Surgical (Include GYN)	
(menage e m)	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 13006.	
Building BLD-00586 Building Name: Main Building & Additions	
Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Pediatric N/A	

Community Memorial Hospital - San Buenaventura Report Year: 2016 11159 Ventura Page:31 of 66 No data reported for Section 130061(c)(3).

ding Number:	BLD-00585 Buildin	ng Name: G	oodyear Wing				
Type of Servic	e Provided		Curried		Ob at atrical		Rehabilitation
_			Surgical	Х	Obstetrical Cesarean/Deliv		Therapy
X	Nursing		Anesthesia			_	
	IntensiveCare			Х	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab				Outpatient
	escent		Radiological/	X	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging		Emergency		Central Plant
	Object and the object of		Pharmaceutical		Linergency	Ш	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

Type of Service Provided X Surgical Obstetrical Cesarean/Deliv Therapy X Nursing Obstetrical Renal Dialysis Recovery IntensiveCare Obstetrical Recovery Pediatric/Adol escent Psychiatric Nursing Nursing Pharmaceutical Emergency Central Plant Obstetrical Recovery X Anesthesia Obstetrical Recovery Newborn/ WellBaby Pharmaceutical Emergency X Central Plant X Obstetrical Ante/Postprtum Nuclear Medicine Skilled Nursing Skilled Nursing	er Section 130061	(c)(4)		nat is provided in any		acute care hospital	building t	hat is rated SPC-1	
X Surgical Obstetrical Rehabilitation Therapy X Nursing X Anesthesia Obstetrical Renal Dialysis IntensiveCare Obstetrical Recovery Renal Dialysis X Pediatric/Adol Execute X Radiological/ Imaging Pharmaceutical Emergency X Central Plant X Obstetrical Ante/Postprtum X Dietetic X Administration Intermediate Care X Administration Administration Cesarean/Deliv Rehabilitation Pharmacy Cesarean/Deliv Rehabilitation Rehabilitation Pharmacy Rehabilitation Rehabilitation Pharmacy Rehabilitation Pharmacy Rehabilitation Pharmacy Pharmacy Rehabilitation Pharmacy Rehabilitation Pharmacy Pharmacy Pharmacy Newborn/ WellBaby Surgery Pharmacy Ph	uilding Number:	BLD-00000 Bu	illuling Name.		JIIS				
Nursing X Anesthesia Cesarean/Deliv Therapy X	Type of Service	Provided							
IntensiveCare			x	Surgical					
IntensiveCare	X	Nursing	X	Anesthesia					
Pediatric/Adol escent		IntensiveCare						Renal Dialysis	
Psychiatric Nursing	X			Clinical Lab		Nowborn/	Х		
Psychiatric Nursing Pharmaceutical Emergency X Central Plant X Obstetrical Ante/Postprtum X Dietetic Intermediate Care X Administration			X					Surgery	
X Obstetrical						Emergency	Х	Central Plant	
Intermediate Care X Administration X Administration X Administration X X X X X X X X X	X					Nuclear		Support	
Care X Administration		Ante/Postprtum	X	Dietetic				Services	
Administration									
Skilled Nursing	_		X	Administration					
	Ш	Skilled Nursing	1						

port any general r Section 130061 ilding Number:	(c)(4)		nat is provided in any	/ general :	acute care hospital	building t	hat is rated SPC-1	_
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab				Outpatient	
			Radiological/ Imaging		Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant	
П	Obstetrical							
Ш	Ante/Postprtum	X	Dietetic	Ш	Nuclear Medicine	X	Support Services	
	Intermediate							
	Care		Administration					
	Skilled Nursing							

Report Year: 201	6 11159 Comm	unity Memorial Hospi	ital - San Buenaventura	Ventura	Page:35 of 66	
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-00588 Buildin	g Name: West Win	ng & Addition			
Type of Service	Provided					
		Surgio		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing	Anest		_	Danal Dialysis	
X	IntensiveCare	X Clinic		Dbstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent			lewborn/	Outpatient Surgery	
	Psychiatric Nursing	Radio Imagii		VellBaby		
	-	Pharn	maceutical X E	mergency	Central Plant	
	Obstetrical Ante/Postprtum	Dietet		luclear Medicine	Support Services	
	Intermediate Care	Admir	nistration			
	Skilled Nursing					

Report Year: 2016 11159	Community Memorial Hospital - Sal	n Buenaventura Ventura	Page:36 of 66				
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-00585	Building Name: Goodyear Wing						
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	Necovery					
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				
	•						

Report Year:	2016 11159 C	ommunity M	lemorial Hospital - San E	Buenave	ventura	tura		Page:37 of 66			
requirements wh	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	Building Number: BLD-00586 Building Name: Main Building & Additions										
Configuration: N/A											
Type of Serv	rice Provided										
	Nursing		Surgical		Obstetrical Cesarean/I			nabilitation erapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery		Rei	nal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	[patient gery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	, [□ Cor	ntral Plant			
	Intermediate		Dietetic		Linergency	' I		iliai Fiaili			
	Care Skilled Nursing		Administration		Nuclear Me	edicine		pport rvices			
	1										

Report Year:	2016 11159	Community Memorial Hospital - Sa	an Buenaventura Ventura	Page:38 of 66							
requirements	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 Nun	nber: BLD-00587	Building Name: Gift Shop									
Configurati	Configuration: N/A										
Type of S	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	Line(gency								
	Care Skilled Nursing	Administration	Nuclear Medicine	Support Services							
	.	I									

Report Year:	2016 11159	Community N	Memorial Hospital - San	Buenave	entura Ventura		Page:39 of 66				
requirements w	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	Building Number: BLD-00588 Building Name: West Wing & Addition										
Configuration: N/A											
Type of Serv	vice Provided										
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Receivery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery				
	Obstetrical Ante/Postprtum		Pharmaceutical								
	Ante/F Ostpitum		D		Emergency	Ce	ntral Plant				
	Intermediate Care		Dietetic		Nuclear Medicine		upport				
	Skilled Nursing		Administration			Se	ervices				

eport Year:	2016 11159	Community Me	emorial Hospital - Sar	n Buenave	ntura Ventura		Page:40 of 66			
	whether by retrofit or by				ach building will comply be provided in each gene					
uilding Numb	er: BLD-00589	Building Nam	ne: South Wing							
Configuration: N/A										
Type of Ser	vice 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		_		0 4 181 4			
	Intermediate		Dietetic		Emergency		Central Plant			
	Care				Nuclear Medicine		Support Services			
	Skilled Nursing		Administration							

Report Year: 2016	11159 Communi	ty Memorial Hospital - San E	Buenave	ntura Ventura		Page:41 of 66				
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-00590 Building Name: North Wing & OB/Gyn Addition										
Configuration: N/A										
Type of Service Pro	ovided									
Nursin	g	Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy				
Intensi	veCare	Anesthesia		Obstetrical Recovery	R	enal Dialysis				
Pediati escent	ric/Adol	Clinical Lab		Recovery						
Psychi Nursin		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery				
Obstet Ante/P	rical ostprtum	Pharmaceutical		Emergency		entral Plant				
Interme	ediate	Dietetic		Emergency		ential Flant				
Care	Nursing	Administration		Nuclear Medicine		Support Services				
	I									

Report Year:	2016 11159	Community Memo	orial Hospital - San B	Buenave	ntura Ventura		Page:42 of 66				
requirements	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 Num	Building Number: BLD-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition										
Configuratio	Configuration: N/A										
Type of Se	Type of Service Provided										
	Nursing	Sui	rgical		Obstetrical Cesarean/Deliv		habilitation erapy				
	IntensiveCare	And	esthesia		Obstetrical Recovery	Re	nal Dialysis				
	Pediatric/Adol escent	Cli	nical Lab		recovery						
	Psychiatric Nursing		diological/ aging		Newborn/ WellBaby		tpatient rgery				
	Obstetrical	Ph	armaceutical								
	Ante/Postprtum				Emergency	Ce	ntral Plant				
	Intermediate Care	Die	etetic		Nuclear Medicine		upport				
	Skilled Nursing	Ad	ministration			Se	ervices				

Report Year:	2016 11159	Community M	lemorial Hospital - San	Buenave	entura Ventura		Page:43 of 66				
requirements v	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 Numb	er: BLD-00592	Building Nar	me: E.R. Addition								
Configuration	Configuration: N/A										
Type of Sei	rvice Provided										
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		ntral Plant				
П	Intermediate		Dietetic		Emergency		IIII AI FIAIII				
	Care		Administration		Nuclear Medicine		upport ervices				
	Skilled Nursing										

Report Year:	2016 11159	Community Memorial Hospital -	San Buenaventura Ventur	a	Page:44 of 66						
requirements	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 Num	Building Number: BLD-00593 Building Name: Emergency Generator Building										
Configuration	Configuration: N/A										
Type of Se	ervice Provided										
	Nursing	Surgical	Obstetrical Cesarean/De		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			Ochilar Fant						
	Care Skilled Nursing	Administration	Nuclear Medi	cine	Support Services						
_		I									

Report Year:	2016 11159	Community Me	morial Hospital - San E	Buenave	ntura Ventura		Page:45 of 66				
requirements	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 Num	Building Number: BLD-03250 Building Name: E.R. Addition Bridge										
Configuration	Configuration: N/A										
Type of Se	ervice Provided										
	Nursing		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery	Rei	nal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		patient gery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cer	ntral Plant				
	Intermediate		Dietetic		Lineigency		ind i lain				
	Care Skilled Nursing		Administration		Nuclear Medicine		pport rvices				
	-	I									

eport Year: 20	016 11159 C	ommunity M	lemorial Hospital - San	Buenave	entura Ventura		Page:46 of 66		
	her by retrofit or by re				ach building will comply be provided in each gene				
uilding Number:	BLD-03251	Building Nar	me: Service Building						
Configuration: N/A									
Type of Service	Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		E		Central Plant		
	termediate		Dietetic		Emergency		Central Plant		
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

Report Year: 2016	1159 Community Memoria	al Hospital - San Buenave	ntura Ventura		Page:47 of 66					
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-03.	252 Building Name:	Bridge Addition								
Configuration: N/A										
Type of Service Provide	d									
Nursing	Surgio	cal	Obstetrical Cesarean/Deliv	Rehal Thera	pilitation py					
IntensiveCa	ire Anest	thesia	Obstetrical Recovery	Renal	Dialysis					
Pediatric/Ac escent	dol Clinic	cal Lab	Recovery							
Psychiatric Nursing	Radio Imagi	ological/ ing	Newborn/ WellBaby	Outpa Surge						
Obstetrical Ante/Postpr		maceutical	Emergency	Contro	al Plant					
Intermediate	e Diete	tic	Lineigency	Centra	airiant					
Care Skilled Nurs		nistration	Nuclear Medicine	Supp Servi						
Skilled Nulls	oning									

Report Year:	2016 11159	Community Me	morial Hospital - San B	Buenave	ntura Ventura		Page:48 of 66				
requirements	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 Numl	Building Number: BLD-03253 Building Name: Brent Street Bridge										
Configuratio	Configuration: N/A										
Type of Se	ervice Provided	1									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery	Rei	nal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		patient gery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	□ cor	ntral Plant				
	Intermediate		Dietetic	Ш	Emergency	Cei	iliai Fiaili				
	Care		Administration		Nuclear Medicine		pport rvices				
Ш	Skilled Nursing										

Report Year: 2016	11159 C	ommunity Men	norial Hospi	tal - San Buenaventu	ra Ventura		Page:49 of 66
	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-00589 Building Name: South Wing							
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Се	ntral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

eport Year:	2016	11159	Community Mem	orial Hospit	al - San Buenavent	ura	Ventura		Page:50 of 66
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-00590 Building Name: North Wing & OB/Gyn Addition									
Type of S	ervice Prov	ided							
X Nurs	sing	Inpatient Beds	15	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X Inter	nsiveCare	Inpatient Beds	16	X	Anesthesia				
Pedi	iatric/Adol ent	Inpatient Beds	0		Clinical Lab	[X Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		X Emergency		Central Plant
Inter Care	rmediate	Inpatient Beds	0		Dietetic	[Nuclear Medicine	X	Support Services
Skill	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	Il Beds this ding		31						

Report Year:	2016	11159 Co	mmunity Men	norial Hospit	al - San Buenaventura	Ve	ntura		Page:51 of 66
	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 N	Building Number: BLD-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition								
Type of S	Service Provi	<u>ided</u>							
Nur	sing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	nsiveCare	Inpatient Beds	0	X	Anesthesia				
Ped	liatric/Adol ent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
Psy Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inte Car	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skill	led Nursing	Inpatient Beds	0		Administration				
Tota Buil	al Beds this ding		0						

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Include informa 4D and SPC-5	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 Numbe	er: BLD-00592	Building N	Name: E.R. Addition				
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		
Psychiat Nursing	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetric Ante/Pos		0	Pharmaceutical	X Emergency	Central Plant		
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled N	lursing Inpatient Beds	0	Administration				
Total Be Building	ds this	0					

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Include information or 4D and SPC-5 per Se	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	Building Number: BLD-00593 Building Name: Emergency Generator 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 informa 4D and SPC-5	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 Numbe	er: BLD-03250	Building N	Name: E.R. Addition Bridge				
Type of Servi	ce Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensive	eCare Inpatient Beds	0	Anesthesia				
Pediatric escent	c/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiat Nursing	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	Central Plant		
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled N	lursing Inpatient Beds	0	Administration				
Total Be Building	ds this	0					

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Include informati 4D and SPC-5 p	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	r: BLD-03251	Building N	Name: Service Building				
Type of Servic	e Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveC	Care Inpatient Beds	0	Anesthesia				
Pediatric//	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatri Nursing	c Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrica Ante/Post		0	Pharmaceutical	Emergency	X Central Plant		
Intermedia Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nu	ırsing Inpatient Beds	0	Administration				
Total Beds Building	s this	0					

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Include informa 4D and SPC-5	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	er: BLD-03252	Building N	Name: Bridge Addition				
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		
Psychiat Nursing	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	Central Plant		
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled N	lursing Inpatient Beds	0	Administration				
Total Be Building	ds this	0					

eport Year: 2016	11159	Community Memo	rial Hospital - San Buenaven	tura	Page:57 of 66
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:	_D-03253	Building Nar	me: Brent Street Bridge		
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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	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			

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Building Number: BLD-00589	Building Name: South Wing	
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 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 Days	Unit Service 0 0

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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-00590	Building Name: N	orth Wing & OB/Gyn Addit	ion
Medical / Surgical (Include GYN)	Acute Respirato	ory Care	Acute Psychiatric
Inpatient 15 Bed	Inpatient 280 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Nursery	lewborn	Intermediate Care
Inpatient 0 Bed	Inpatient 27 Days	Inpatient 1	6 Inpatient 3799 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Deper	ndency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient 0	Unit Service
<u>———</u>	Days	Deu ——	— Days ———	31 31

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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)

•	130001(0)			
Building Number:	BLD-00591	Building Name:	Ambulatory Surgery & OE	B/Gyn Addition
Medical / Surgical (Include GYN)	Acute Resp	ratory Care	Acute Psychiatric
Inpatient 6 Bed	Inpatient Days	2901 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Ca Nursery	are Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitatio Center	on	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical De	ependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 0

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:61 of 66 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-00592 E.R. 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 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

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:62 of 66 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-00593 **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) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **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 Bed Days Bed Days ol 0

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:63 of 66 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-03250 E.R. Addition Bridge **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) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **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

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Days

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Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:65 of 66 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-03252 **Bridge 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) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **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

Report Year: 2016 11159 Community Memorial Hospital - San Buenaventura Ventura Page:66 of 66 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-03253 **Brent Street Bridge 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) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **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

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Days

Bed

Bed

Days