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:	10180	10180								
Facility Name:	The Ger	neral Hospital								
Address:	2200 Ha	rrison Ave								
City:	Eureka									
Hospital Owner/Licensee:		St. Joseph Hospital / St. Joseph Health System								
Year of Reporting:		2017								
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 Address::		[Confidential data left blank intentionally.]								
Name of Sub	omitter:	Bill Eveloff								
Submission Date:		10/10/2017 9:02:09 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- 00523	Original Hospital Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00524	1950 Addition Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00525	1955 Addition Building	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 00526	Center Building - 1957 Addition	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019
BLD- 02651	West Side Building - 1957 Addition	2200 Harrison Ave	Replace	SPC2	01/01/2020	06/30/2019

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Retrofit/Replacement

Retrofit/Replacement

Yes-Submitted

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).

Original Hospital Building

1950 Addition Building

Building No:

Building No: BLD-00524

BLD-00523

Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 10183 H142544-12 0 SB 90 - Redwood Memorial Hosp 11/4/2014 12/9/2016 07/01/2018 12/31/2019 PEND No -00 Addition&Rehab 12:00:00 AM

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

	Tool Transmon Danishing		Project:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			l
,	Sub Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10183 H142544-12 -00	0	11/4/2014	12/9/2016 12:00:00 AM	07/01/2018	12/31/2019	PEND	No

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00525 1955 Addition Building Retrofit/Replacement Project:

CEQA Facility Project Plan Approved Projected Projected Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In 10183 H142544-12 0 SB 90 - Redwood Memorial Hosp 11/4/2014 12/9/2016 07/01/2018 12/31/2019 PEND No -00 Addition&Rehab 12:00:00 AM

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00526 Center Building - 1957 Addition Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10183	H142544-12 -00	0	SB 90 - Redwood Memorial Hosp Addition&Rehab	11/4/2014	12/9/2016 12:00:00 AM	07/01/2018	12/31/2019	PEND	No

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-02651 West Side Building - 1957 Addition Retrofit/Replacement Project:

Facility Project Sub

Plan Approved Projected Projected CEQA

Number Number of Number of Start Date Completion Date Out of Review

Completion Date Status Number Number Num Scope Date Start Date Review Date In 0 SB 90 - Redwood Memorial Hosp 10183 H142544-12 11/4/2014 12/9/2016 07/01/2018 12/31/2019 PEND No Addition&Rehab 12:00:00 -00 AM

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	I(c)(1)(F)					
Building Number: BL	Building Number: BLD-00523 Building Name: Original Hospital Building								
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	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant					

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: Type of Service Pro		Building Name: 19	50 Addition Building					
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 n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Deas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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Provide the numbe	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number:		Building Name: 19	955 Addition Building					
X Nursing	Inpatient Beds	15 Inpatient 2540 Days	Surgical	Obstetrical Recovery				
IntensiveCare	e Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Ado escent	I Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtu	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant				

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Provide t	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
	Number: BLI Service Provi			Building Na	ame:	Center Building	- 1957 Addition			
	ırsing	Inpatient Beds	0	Inpatient Days	0	Surgi	ical		Obstetrical Recovery	
Inte	ensiveCare	Inpatient Beds	0	Inpatient Days	0	Anest	thesia		Newborn/ WellBaby	
	diatric/Adol cent	Inpatient Beds	0	Inpatient Day	s 0	Clinic	al Lab		Emergency	,
	ychiatric ırsing	Inpatient Beds	0	Inpatient Day	s 0	Radio Imagi	ological/ ing		Nuclear Medicine	
	ostetrical te/Postprtum	Inpatient Beds	0	Inpatient Day	s 0	Pharn Diete	naceutical		Rehabilitati Therapy	on
Inte	ermediate ire	Inpatient Beds	0	Inpatient Day	s 0		nistration		Renal Dialy	vsis
Ski	illed Nursing	Inpatient Beds	0	Inpatient Day	s 0	Supp Servi	ces	Ш	Outpatient Surgery	
		Deus	Total Be Building		0	' Obste	etrical rean/Deliv		Central Pla	nt

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Provide the nu	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
_	per: BLD-02651	Building Name:	West Side Building - 1957 Additi	on				
Type of Servi	ce Provided		•					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
Intensive	Care Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric escent	/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiat Nursing	ric Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetric		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermed Care	liate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled N	ursing Inpatient Beds	0 Inpatient Days 0	Support	Outpatient Surgery				
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

Report Year: 2017 10180 The General Hospital Eureka Page:11 of 54 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00523 **Building Number: Building Name:** Original Hospital Building 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

Report Year: 2017 10180 The General Hospital Eureka Page:12 of 54 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00524 1950 Addition Building **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 Bed Days Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2017 10180 The General Hospital Eureka Page:13 of 54 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00525 1955 Addition Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 2540 15 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 15 Inpatient 15 Inpatient Inpatient Inpatient Days Days Bed Bed

Report Year: 2017 10180 The General Hospital Eureka Page:14 of 54 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00526 Center Building - 1957 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 **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2017 10180 The General Hospital Eureka Page:15 of 54 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) West Side Building - 1957 Addition **Building Number:** BLD-02651 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00523	Original Hospital Building	Replace
BLD-00524	1950 Addition Building	Replace
BLD-00525	1955 Addition Building	Replace
BLD-00526	Center Building - 1957 Addition	Replace
BLD-02651	West Side Building - 1957 Addition	Replace
BLD-02652	Stair #1	Remain
BLD-02653	Nursery	Remain
BLD-02654	Stair #2	Remain
BLD-02655	Stair #3	Remain
BLD-02656	Radiology Wing	Remain
BLD-02657	Lobby	Remain

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

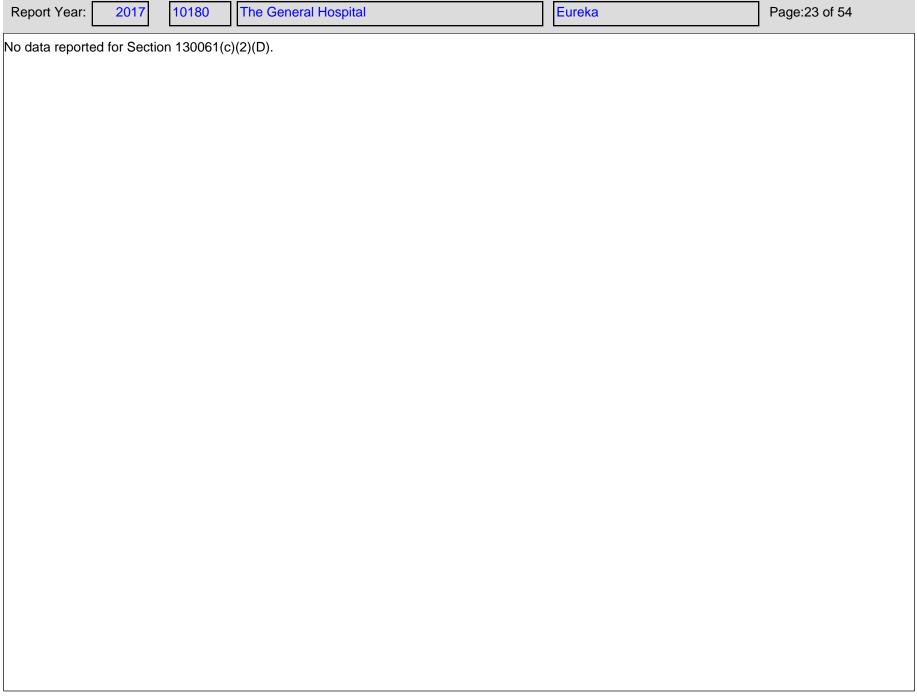
Report Ye	ear: 2017 10°	180 Th	e General Hospital		E	Eureka		Page:18 of 54	
For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said 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-00523 Original Hospital Building Removal Date:									
Planned l	Jses for the building	to be remov	ed from acute care	e service:					
Planned	use for building: Oth	ner		Jurisdiction:]			
	Other Usage: Non-code required administration and support or possible future SNF tbd								
Inpatient :	services currently del	ivered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/Deli	V	Rehabilitation Therapy		
Ш	IntensiveCare	Ш	Anesthesia						
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	S	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing		Administration				COLVIOCO		

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The project replaced of The planner replaced of the planner replaced of the project of the proje	eted date or date or rebuild building ed uses of the building or rebuild building	s the buildin is as well. uilding or bu is as well.	aced, rebuilt, removed g will be removed from ildings to be removed d in the building or bu	m service per Section from acute care ser	n 130061 (c) rvice per Sec	(2)(A) and provide stion 130061(c)(2)(B)		
Building No	umber: BLD-0	0524	1950 Add	ition Building		Removal Date:	06/30/2019]
Planned U	ses for the build	ing to be rer	noved from acute car	e service:				
Planned u	se for building:	Other		Jurisdiction:				
	Other Usage:	Non-code r	equired administration	n and support or pos	ssible future S	SNF tbd		
Inpatient se	ervices currently	delivered in	the building:					
	Nursing		Surgical		Obstetrical Cesarean/Del	liv	Rehabilitation Therapy	
	IntensiveCare		Anesthesia					
1 1	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	5
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ VellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П	Central Plant	
1 1	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	, [Administration					

Report Ye	ar: 2017	10180	The General Hospita	<u>l</u>		Eureka		Page:20 of 54
The project replaced of The plannar replaced of	cted date or dates or rebuild building ed uses of the bu or rebuild building	s the buildings as well. Uilding or buils Uilding or buils as well.	aced, rebuilt, removeding will be removed fro uildings to be removed ad in the building or bu	m service per Secti I from acute care se	on 130061 (c) ervice per Sec	(2)(A) and provide tion 130061(c)(2)(
Building N	umber: BLD-0	0525	1955 Add	lition Building		Removal Date:	06/30/2019	
Planned U	Ises for the buildi	ing to be rei	moved from acute car	e service:				
Planned u	use for building:	Other		Jurisdiction:]		
	Other Usage:	Non-code i	required administratio	n and support or po	ssible future S	SNF tbd		
Inpatient s	ervices currently	delivered in	n the building:					
X	Nursing		Surgical		Obstetrical Cesarean/Del	iv X	Rehabilitation Therapy	1
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	S
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	, [Administration					

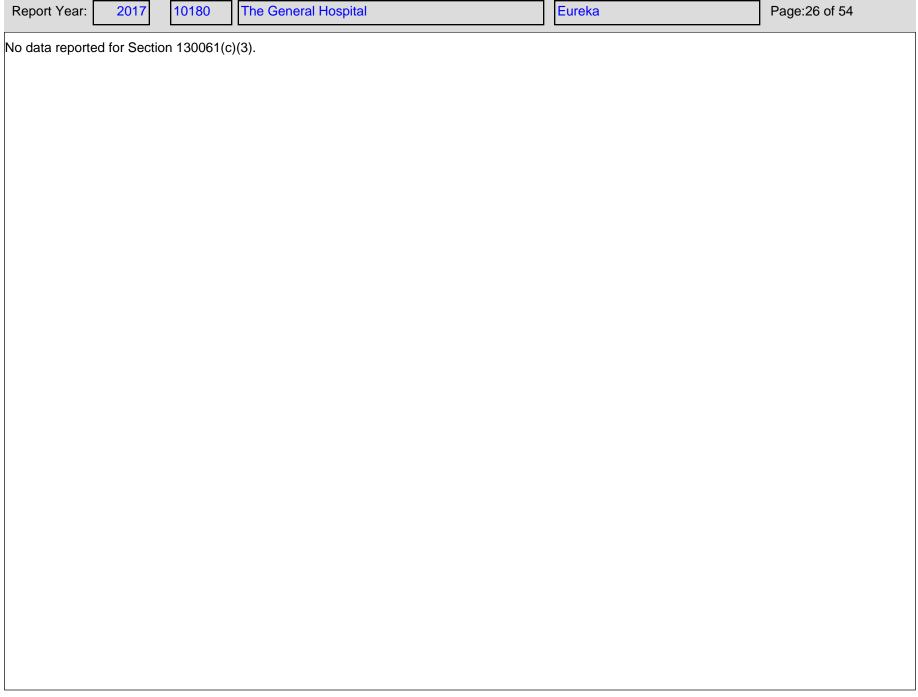
Report Yea	ar: 2017	10180	The General Hospita	l .		Eureka		Page:21 of 54
The project replaced of The planner replaced of	cted date or dates or rebuild building ed uses of the bu or rebuild building	s the buildin is as well. uilding or bu is as well.	iced, rebuilt, removed g will be removed from Idings to be removed d in the building or bu	m service per Section I from acute care se	on 130061 (c)	(2)(A) and provide setion 130061(c)(2)(B)		
Building N	umber: BLD-0	0526	Center Bu	uilding - 1957 Additio	on	Removal (06/30/2019]
Planned U	lses for the buildi	ing to be rer	noved from acute car	e service:				
Planned u	use for building:	Other		Jurisdiction:				
	Other Usage:	Non-code r	equired administratio	n and support or pos	ssible future	SNF tbd		
Inpatient s	ervices currently	delivered in	the building:					
	Nursing		Surgical		Obstetrical Cesarean/De	liv	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	E	Emergency		Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	ı	Administration					

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The proje replaced of The plant replaced of the project replaced	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 eplaced 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 eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)										
Building N	Number: BLD-0	2651	West Side	Building - 1957 Addition	Removal Date:	06/30/2019					
Planned l	Jses for the build	ing to be remov	ed from acute care	service:							
Planned	use for building:	Other		Jurisdiction:							
	Other Usage:	Non-code requ	uired administration	and support or possible	future SNF tbd						
Inpatient :	services currently	delivered in th	e building:								
	Nursing		Surgical	Obsteti Cesare	rical ean/Deliv	Rehabilitation Therapy					
	IntensiveCare		Anesthesia								
	Pediatric/Adol escent		Clinical Lab	Obsteti Recove		Renal Dialysis	5				
	Psychiatric Nursing		Radiological/ Imaging	Newbo WellBa	· ·	Outpatient Surgery					
	Obstetrical Ante/Postprtum		Pharmaceutical	Emerg	ency	Central Plant					
	Intermediate Care		Dietetic	Nuclea Medici		Support Services					
	Skilled Nursing	'	Administration								





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Report whether the general acute care services ar building sites or project numbers for buildings with			responding
Building Number: Will general acute care services and beds will be respectively.	1955 Addition Building relocated to a new, Existing or retrofitted	building?	
Nursing Relocated to new building			
Report whether the general acute care services ar building sites or project numbers for buildings with			responding
Building Number: Will general acute care services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services as the services are services are services as the services are services are services as the services are services as the services are services are services.	1955 Addition Building relocated to a new, Existing or retrofitted	building?	
Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number: Will general acute care services and beds will be r CentralPlant N/A	1955 Addition Building relocated to a new, Existing or retrofitted	building?	



Building Number: BLD-00523 Building Name: Original Hospital Building										
Type of Service Provided Surgical Obstetrical Rehabilitation										
	Nursing		Ca. g.ca.	Ш	Cesarean/Deliv	ш	Therapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab				Outpatient			
			Radiological/ Imaging		Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant			
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services			
	Intermediate Care		Administration							
	Skilled Nursing									

ilding Number:	BLD-00524 Buildi	ng Name: 1	950 Addition Building			
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia	Cesarear/Deliv	ттегару	
	IntensiveCare			Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Newborn/	Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging	WellBaby		
	Obstetrical		Pharmaceutical	Emergency	Central Plant	
	Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care		Administration			
	Skilled Nursing					

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Report any generation 13006		ital inpatient service	that is provided in any	general	acute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-00525	Building Name:	1955 Addition Building					
Type of Servi	ce Provided							
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		Anesthesia				Danal Biahaia	
	IntensiveCare		011 1 1		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	m	Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing	9						

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Report any general per Section 130061		tient service that is provided in any	general ad	cute care hospital	building th	at is rated SPC-1
Building Number:	BLD-00526 Buildin	g Name: Center Building - 1957	Addition			
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia				5 15:1 :
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric	Radiological/ Imaging		WellBaby		
	Nursing	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

lding Number:	BLD-02651 Buildi	ng Name: W	est Side Building - 19	957 Addit	tion	
Type of Service	Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery Newborn/	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		WellBaby	 Cangony
	Obstetrical		Pharmaceutical		Emergency Nuclear	Central Plant Support
	Ante/Postprtum		Dietetic		Medicine	Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Report the final configuration requirements whether by reper Section 130061(c)(5)	on of all buildings on the etrofit or by replacement	hospital campus showing and the type of service th	g how ea	ach building will comply with e provided in each general	the SPC acute car	:-5/NPC-4 or 5 re hospital building
Building Number: BLD-00	0523 Building Nar	me: Original Hospital B	uilding			
Configuration: N/A						
Type of Service Provide	ed					
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveC	are	Anesthesia		Obstetrical Recovery		Renal Dialysis
Pediatric/A escent	dol	Clinical Lab		Recovery		
Psychiatric Nursing	,	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postp		Pharmaceutical		Emergency		Central Plant
Intermedia	te	Dietetic				
Care Skilled Nur	rsing	Administration		Nuclear Medicine		Support Services
	I					

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Report the fin requirements per Section 1	whether by retrofit or by	uildings on the hospital campus y replacement and the type of s	s showing how each bu service that will be prov	ilding will comply vided in each gene	vith the SPC-5/N ral acute care h	NPC-4 or 5 ospital building
Building Num	ber: BLD-00524	Building Name: 1950 Addit	tion Building			
Configuration	on: N/A					
Type of Se	ervice Provided					
	Nursing	Surgical		etrical rean/Deliv		nabilitation erapy
	IntensiveCare	Anesthesia	Obste Reco	etrical verv	Rer	nal Dialysis
	Pediatric/Adol escent	Clinical Lab	11000	vory		
	Psychiatric Nursing	Radiological/ Imaging	Newb WellE			patient gery
	Obstetrical Ante/Postprtum	Pharmaceutica				
	Ante/r Ostpitum	Distriction	Emer	gency	Cer	ntral Plant
	Intermediate Care	Dietetic	Nucle	ear Medicine		pport
	Skilled Nursing	Administration			Se	rvices

	ner by retrofit or by re				ach building will comply be provided in each gene	
ilding Number:	BLD-00525	Building Na	me: 1955 Addition Bu	uilding		
Configuration:	N/A					
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical		Pharmaceutical			
Ant	te/Postprtum			Ш	Emergency	Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine	Support
Ski	illed Nursing		Administration			Services

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Report the fina requirements voter Section 13	whether by retrofit or by	ildings on the replacement	hospital campus sho and the type of servio	wing how e ce that will b	ach building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 care hospital building	
Building Numb	er: BLD-00526	Building Na	me: Center Building	ı - 1957 Add	dition			
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		Emergency		Central Plant	
	Intermediate		Dietetic				Ochtrain fant	
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the fir requirements per Section 1	nal configuration of all b whether by retrofit or b 30061(c)(5)	uildings on the hospit by replacement and th	cal campus showing ne type of service tha	how each at will be p	building will comply rovided in each gene	with the SPC-5/Neral acute care h	NPC-4 or 5 ospital building
Building Num	ber: BLD-02651	Building Name:	West Side Building -	- 1957 Add	lition		
Configuration	on: N/A						
Type of Se	ervice Provided						
	Nursing	Surgi	ical		ostetrical esarean/Deliv		nabilitation erapy
	IntensiveCare	Anes	ethesia		ostetrical ecovery	Rer	nal Dialysis
	Pediatric/Adol escent	Clinic	cal Lab		occory		
	Psychiatric Nursing	Radi Imag	ological/ ging		ewborn/ ellBaby		patient gery
	Obstetrical Ante/Postprtum	Phar	rmaceutical	☐ Fr	nergency	☐ Cer	ntral Plant
	Intermediate	Diete	etic				ind i lain
	Care Skilled Nursing	Adm	inistration	∐ Nu	ıclear Medicine		pport rvices
		ı					

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Report the final configur requirements whether b per Section 130061(c)(5	y retrofit or by replacen	the hospital campus showing the and the type of service the	g how ead hat will be	ch building will comply with provided in each general a	the SPC-5/Nacute care h	NPC-4 or 5 ospital building
Building Number: BLI	D-02652 Building	Name: Stair #1				
Configuration: N/A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Type of Service Pro	vided					
Nursing	,	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy
Intension	veCare	Anesthesia		Obstetrical Recovery	Rer	nal Dialysis
Pediatr escent	ic/Adol	Clinical Lab	'	Recovery		
Psychia Nursing		Radiological/ Imaging		Newborn/ WellBaby		patient gery
Obstetr Ante/Po	ical ostprtum	Pharmaceutical	ı	Emergency	Cer	itral Plant
Interme Care	ediate	Dietetic		Nuclear Medicine	Su	pport
Skilled	Nursing	Administration	<u> </u>		— Se	rvices

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Report the final confi requirements whethe per Section 130061(er by retrofit or by re	lings on the eplacement	nospital campus showin and the type of service t	g how e hat will b	ach building will comply wind provided in each genera	th the SPO al acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02653	Building Nar	ne: Nursery				
Configuration:	N/A						
Type of Service F	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Pedi esce	iatric/Adol ent		Clinical Lab		Necovery		
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
Inter Care	rmediate e		Dietetic		Nuclear Medicine		Support
Skill	ed Nursing		Administration	_		_	Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the eplacement	hospital campus showir and the type of service	ng how e that will b	ach building will comply w be provided in each gener	ith the SPC al acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02654	Building Nar	ne: Stair #2				
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services

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Report the final equirements was er Section 130	hether by retrofit or by	ldings on the hardings on the hardings on the hardings of the hardings on the hardings of the	nospital campus show and the type of service	ring how e e that will l	ach building will comply be provided in each gene	with the SPC eral acute ca	C-5/NPC-4 or 5 re hospital building
Building Number	er: BLD-02655	Building Nan	ne: Stair #3				
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		-		Control Blant
	Intermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Report the final cor requirements whetl per Section 13006	her by retrofit or by I	dings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply on provided in each gene	with the SP0 eral acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02656	Building Nar	me: Radiology Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic	П	Nuclear Medicine	П	Support
Sk	cilled Nursing		Administration			_	Services

Report Year: 2	017 10180	The General	Hospital		Eureka		Page:42 of 54
Report the final co requirements whet per Section 13006	ther by retrofit or by	dings on the replacement	hospital campus show and the type of service	ing how e that will l	ach building will comply on provided in each gene	with the SPC eral acute ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02657	Building Na	ne: Lobby				
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Receivery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic	П	Nuclear Medicine		Support
SI	killed Nursing		Administration				Services

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)											
Building N	umber: BLD	0-02652	Building N	ame: Sta	ir #1							
Type of S	Service Prov	ided										
Nur	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	nsiveCare	Inpatient Beds	0		Anesthesia							
Ped esce	liatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis			
Psy Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant			
Inte Car	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services			
Skill	led Nursing	Inpatient Beds	0		Administration							
	al Beds this ding		0									

port Year:	2017	10180	The General Hosp	pital		Eu	ıreka		Page:44 of 54
	ormation on t C-5 per Sect			y type of S	Service provided by I	buildings	s that are classified a	as SPC-2, \$	SPC-3, SPC-4, SPC-
Building No	umber: BLD	0-02653	Building Na	ame: Nu	irsery				
Type of S	ervice Prov	ided							
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia				
Ped esce	atric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	tetrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	C	entral Plant
Inter	rmediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	☐ Si	upport ervices
Skill	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	I Beds this ding		0						

port Year: 2017	10180	The General Hosp	ital	Eureka	Page:45 of 54
Include information on 4D and SPC-5 per Se	the number o	f inpatient beds by	y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02654	Building Na	me: Stair #2		
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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	10180	The General Hosp	ital	Eureka	Page:46 of 54
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02655	Building Na	me: Stair #3		
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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	10180	The General Hosp	ital	Eureka	Page:47 of 54
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02656	Building Nar	me: Radiology Wing		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec	the number of ction 130061(f inpatient beds by	type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02657	Building Na	me: Lobby		
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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year: 2017 10180 The General Hospital Page:49 of 54 Eureka 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-02652 **Building Name:** Stair #1 **Building Number:** Medical / Surgical (Include GYN) **Acute Psychiatric Acute Respiratory Care** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Days Bed Davs Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days 0 0

Report Year: 2017 10180 The General Hospital Eureka Page:50 of 54 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-02653 Nursery **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 ol 0

Report Year: 2017 10180 The General Hospital Eureka Page:51 of 54 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-02654 Stair #2 **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 ol 0

Report Year: 2017 10180 The General Hospital Eureka Page:52 of 54 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-02655 Stair #3 **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 ol 0

Report Year: 2017 10180 The General Hospital Eureka Page:53 of 54 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-02656 Radiology Wing **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 Days Bed Days Bed ol 0

Report Year: 2017 10180 The General Hospital Eureka Page:54 of 54 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-02657 Lobby **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 ol 0