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	11159								
Facility Name:	Commu	nity Memorial Hospital - San Buenaventura								
Address:	147 N. E	Brent Street								
City:	Ventura	Ventura								
Hospital Owner/Licensee:		Community Memorial Hospital of San Buenaventura								
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 Ad	dress::	[Confidential data left blank intentionally.]								
Name of Sub	omitter:	John Oden								
Submission	n Date:	1/2/2018 4:58:04 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	01/01/2019	08/01/2018
BLD- 00586	Main Building & Additions	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018
BLD- 00587	Gift Shop	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018
BLD- 00588	West Wing & Addition	147 N. Brent Street	Rebuild	SPC5	01/01/2019	08/01/2018

Report Year: 11159 Community Memorial Hospital - San Buenaventura Page:3 of 65 2017 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: 2017 11159 Community Memorial Hospital - San Buenaventura Page:4 of 65 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	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BL	.D-00585	Building Name: Go	oodyear Wing						
Type of Service Prov	<u>rided</u>								
X Nursing	Inpatient Beds	18 Inpatient 1593 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 2534	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 in	npatient beds and pa	atient days per type of serv	ice per building per Section	on 130061(c)(1)(F)	
	0-00586	Building Name:	Main Building & Addition	ons	
Type of Service Providence	ded				
	Inpatient 157 Beds	Inpatient 28672 Days	X Surgical	Obstetrical Recovery	
	Inpatient 0 Beds	Inpatient Days 0	X Anesthesia	Newborn/ WellBaby	
	Inpatient 5 Beds	Inpatient Days 195	Clinical Lab	Emergency	
	Inpatient 0 Beds	Inpatient Days 0	X Radiologica Imaging	Al/ Nuclear Medicine	
	Inpatient 0 Beds	Inpatient Days 2534	Pharmaceur X Dietetic	tical Rehabilitati Therapy	on
	Inpatient 0 Beds	Inpatient Days 0	X Administrati	_	sis
	Inpatient 0 Beds	Inpatient Days 0	X Support Services	X Outpatient Surgery	
		Beds this 16	Obstetrical Cesarean/D	Deliv X Central Pla	nt

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Provide the number of inpati	ient beds and patient days per type of service per	building per Section 130061(c))(1)(F)
Building Number: BLD-005 Type of Service Provided	Building Name: Gift 9	Shop	
		Correiant	Obstetrical
Nursing Inpa Beds		Surgical	Recovery
IntensiveCare Inpa Beds		Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inparescent Beds		Clinical Lab	Emergency
Psychiatric Inpa Nursing Beds		Radiological/ Imaging	Nuclear Medicine
		Pharmaceutical	
Obstetrical Inpa Ante/Postprtum Beds		X Dietetic	Rehabilitation Therapy
Intermediate Inpa Care Beds		Administration	Renal Dialysis
Skilled Nursing Inpa		X Support Services	Outpatient Surgery
Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide t	the number of	inpatient bed	s and pat	ient days per ty	ype of service	e per building pe	er Section 130061	1(c)(1)(F)		
	Number: BLI Service Provi			Building Na	ame:	West Wing & A	Addition			
<u>rype or</u>	Service Provi	<u>ideu</u>				1 —			O log (a (a' a a)	
∐ Nu	ırsing	Inpatient Beds	0	Inpatient Days	0	Sur	gical		Obstetrical Recovery	
X Inte	ensiveCare	Inpatient Beds	21	Inpatient Days	5617	Ane	esthesia		Newborn/ WellBaby	
1 1	ediatric/Adol cent	Inpatient Beds	0	Inpatient Day	s 0	X Clin	ical Lab	X	Emergency	
	ychiatric ırsing	Inpatient Beds	0	Inpatient Day	s 0	Rac	liological/ ging		Nuclear Medicine	
	ostetrical ite/Postprtum	Inpatient Beds	0	Inpatient Day	s 0	Pha	rmaceutical		Rehabilitati Therapy	on
☐ Inte	ermediate are	Inpatient Beds	0	Inpatient Day	s 0		ninistration		Renal Dialy	sis
Ski	illed Nursing	Inpatient Beds	0	Inpatient Day	s 0	Ser	vices		Surgery	
			Total Bo		21		stetrical carean/Deliv	X	Central Pla	nt

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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 Bu	ilding Name: Good	ing Name: Goodyear Wing							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric						
Inpatient 18 Bed	Inpatient 1593 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing						
Inpatient 10 Bed	Inpatient 2534 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Pediatric		intensive Care Nev Nursery	vborn	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 / developr Disabled	nent					
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: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:10 of 65 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 2867 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient 2534 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient 195 Inpatient Inpatient Inpatient 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 Inpatient 162 Inpatient Inpatient Inpatient 162 Days Days Bed Bed

Report Year: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:11 of 65 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: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:12 of 65 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 2518 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 3099 Inpatient 21 Inpatient 11 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-00585 Goodyear Wing Removal Date:										
Planned l	Jses for the building t	o be remov	ed from acute care	e service:						
Planned	Planned use for building: Clinic Jurisdiction: OSHPD									
Inpatient :	services currently deli	ivered in th	e building:							
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab	X	Obstetrical Recovery		Renal Dialysis	3		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery			
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support Services			
	Skilled Nursing		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-00586 Main Building & Additions Removal Date:									
Planned Uses for th	ne building to b	oe remov	ed from acute care	service:					
Planned use for bu	ilding: Other			Jurisdiction:					
Other Usage: Mixed use: MOB, support services, outpatient services (all OSHPD jurisdiction)									
Inpatient services c	urrently delive	red in the	e building:						
X Nursing		X	Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
Intensive	Care	X	Anesthesia						
X Pediatric escent	/Adol		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3	
Psychiate Nursing	ric	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
X Obstetric			Pharmaceutical		Emergency	X	Central Plant		
Intermed Care	iate	X	Dietetic		Nuclear Medicine	X	Support Services		
Skilled N	ursing	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 Number: BLD-00587 Gift Shop Removal Date:									
Planned U	Jses for the build	ing to be remo	ved from acute care	service:					
Planned	use for building:	Other		Jurisdiction:					
	Other Usage:	Revised build	ing entryway (OSHF	PD jurisdiction)					
Inpatient s	services currently	<u>delivered in the delivered in the deliv</u>	ne building:						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia			_			
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	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 l	Jses for the build	ing to be remov	ved from acute care	e service:						
Planned	use for building:	Other		Jurisdiction:						
	Other Usage: Mixed use, outpatient services, support services (under OSHPD jurisdiction)									
Inpatient :	services currently	delivered in th	e building:							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	IntensiveCare		Anesthesia							
	Pediatric/Adol escent	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis	S		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support Services			
	Skilled Nursing	ı 🗆	Administration							

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Report whether the general acute care services and beds will be relocated to a new, building sites or project numbers for buildings with a Building Resolution of "Rebuild"	existing or retrofitted building and any corn or "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 retro Nursing Relocated to new building	ofitted building?	
Report whether the general acute care services and beds will be relocated to a new, 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 retro Obstetrical Ante Postprtum Relocated to new building	ofitted building?	
Report whether the general acute care services and beds will be relocated to a new, 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 retro Support Services Relocated to new building	ofitted building?	

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Report whether the general acute care services a building sites or project numbers for buildings wit			
Building Number: Will general acute care services and beds will be Obstetrical Relocated to new building Cesarean/Deliv		building?	
Report whether the general acute care services a building sites or project numbers for buildings wit			
Building Number: Will general acute care services and beds will be Obstetrical Recovery Relocated to new building	relocated to a new, Existing or retrofitted	building?	
Report whether the general acute care services a building sites or project numbers for buildings wit			
Building Number: Will general acute care services and beds will be Newborn/Well Baby Relocated to new building	relocated to a new, Existing or retrofitted	building?	

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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?
Nursing Relocated to new 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: BLD-00586 Building Name: Main Building & Additions
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Obstetrical Ante Postprtum Relocated to new 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: BLD-00586 Building Name: Main Building & Additions
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Surgical Relocated to new building

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F	ing or retrofitted building and any cor Replace" per Section 130061(c)(2)(E)	responding
Building Name: Main Building & Additions Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?	
Anesthesia Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		responding
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	d building?	
Radiological/Imaging Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		responding
Building Name: Main Building & Additions Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?	
Dietetic Relocated to new building		

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		and beds will be relocated to a new, existing has Building Resolution of "Rebuild" or "Re		
Building Number:	BLD-00586 Building Name:	Main Building & Additions relocated to a new, Existing or retrofitted	huilding?	
Administration	N/A	Telocated to a flew, Existing of Tetrolitted	pulluling :	
		and beds will be relocated to a new, existing has Building Resolution of "Rebuild" or "Re		
Building Number:	BLD-00586 Building Name:			
Will general acui		relocated to a new, Existing or retrofitted	building?	
		and beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Building Number:	BLD-00586 Building Name:	Main Building & Additions		
Will general acu	te care services and beds will be	relocated to a new, Existing or retrofitted	building?	
OutpatientSurge	ry Relocated to new 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-00586 Building Name: Main Building & Additions Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? CentralPlant Relocated to new 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-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 Relocated to new 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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Dietetic Relocated to new building	Report Year: 201	7 11159 Community	Memorial Hospital - San Buenaventura	Ventura	Page:26 of 65
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? CentralPlant Relocated to new 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-00586 Building Name: Main Building & Additions Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric Relocated to new 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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?					responding
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? Pediatric Relocated to new 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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?		D-00586 Building Name:	Main Building & Additions		
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? Pediatric Relocated to new 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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Will general acute ca	re services and beds will be	relocated to a new, Existing or retrofitted	building?	
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 Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric Relocated to new 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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	CentralPlant	Relocated to new building			
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric Relocated to new 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 Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?					responding
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: Gift Shop Shumber: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?		D-00586 Building Name:	Main Building & Additions		
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-00587 Building Name: Gift Shop Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Will general acute ca	re services and beds will be	relocated to a new, Existing or retrofitted	building?	
building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00587 Building Name: Gift Shop Sumber: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	Pediatric	Relocated to new building			
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?					responding
		D-00587 Building Name:	Gift Shop		
Dietetic Relocated to new building	Will general acute ca	re services and beds will be	relocated to a new, Existing or retrofitted	building?	
	Dietetic	Relocated to new building			

Report Year: 2017 11159 Community Memor	ial Hospital - San Buenaventura	Ventura	Page:27 of 65
Report whether the general acute care services and beds building sites or project numbers for buildings with a Build	will be relocated to a new, existing Resolution of "Rebuild" or "Re	ng or retrofitted building and any coreplace" per Section 130061(c)(2)(E)	responding
Building Name: Gift S			
Will general acute care services and beds will be relocate Support Services Relocated to new building	d to a new, Existing or retrofitted	building?	
Report whether the general acute care services and beds building sites or project numbers for buildings with a Build			
Building Number: Will general acute care services and beds will be relocate Intensive Care Relocated to new building	Wing & Addition d to a new, Existing or retrofitted	building?	
Report whether the general acute care services and beds building sites or project numbers for buildings with a Build			
Building Name: West Number: Will general acute care services and beds will be relocate ClinicalLab N/A	Wing & Addition d to a new, Existing or retrofitted	building?	

Report Year: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:28 of 65
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-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
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 Relocated to new 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: BLD-00588 Building Name: West Wing & Addition
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
CentralPlant Relocated to new building

Report Year: 201	7 11159 Community I	Memorial Hospital - San Buenaventura	Ventura	Page:29 of 65
		d beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Building BL Number:	_D-00588 Building Name:	West Wing & Addition		
Will general acute ca	re services and beds will be re	elocated to a new, Existing or retrofitted l	building?	
Intensive Care	Relocated to new building			

Community Memorial Hospital - San Buenaventura Report Year: 2017 11159 Ventura Page:30 of 65 No data reported for Section 130061(c)(3).

Type of Service Provided Surgical X Obstetrical Cesarean/Deliv Rehabilitation Therapy Anesthesia X Obstetrical Recovery IntensiveCare X Obstetrical Recovery Pediatric/Adol escent	lding Number:	BLD-00585 Buildin	ng Name: G	oodyear Wing				
Nursing	Type of Service	e Provided		Curried		Ob at atrical		Pahahilitation
Anesthesia IntensiveCare	_	N .		Surgical	Ľ			
IntensiveCare	X	Nursing		Anesthesia	_			
Pediatric/Adol escent Radiological/ Imaging Psychiatric Nursing Pharmaceutical Muclear Medicine Intermediate Care		IntensiveCare			X		Ш	Renal Dialysis
Psychiatric Nursing Pharmaceutical MellBaby Pharmaceutical Dietetic Radiological/ WellBaby WellBaby Central Plant Nuclear Medicine Nuclear Medicine Intermediate Care				Clinical Lab				
Psychiatric Nursing Pharmaceutical Emergency Central Plant Nuclear Medicine Intermediate Care		escent			X			Surgery
X Obstetrical Ante/Postprtum Dietetic Nuclear Medicine X Support Services		Psychiatric Nursing				Emergency		Control Plant
Ante/Postprtum Dietetic Nuclear Medicine Support Services	[v]	Obstatrical		rnamaceuticai		Emergency		Central Flant
	X			Dietetic	Ш		X	Support Services
				Administration				
Skilled Nursing		Skilled Nursing						

port Year: 201		·	al Hospital - San Buer		J		Page:32 of 65
eport any general er Section 130061	acute care hospital inp (c)(4)	atient service t	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
uilding Number:	BLD-00586 Buildin	ng Name: M	ain Building & Additio	ons			
Type of Service	Provided						
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab			Х	Outpatient Surgery
		X	Radiological/ Imaging	Ш	Newborn/ WellBaby		Guigery
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant
X	Obstetrical				Nuclear		Support
	Ante/Postprtum	X	Dietetic	Ш	Medicine	X	Services
	Intermediate						
	Care	X	Administration				
	Skilled Nursing						

	acute care hospital inp		al Hospital - San Buer nat is provided in any	J	building t	Page:33 of 65
er Section 130061	(c)(4)					
uilding Number:	BLD-00587 Buildin	ng Name: G	ift Shop			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			Danal Dialysis
	IntensiveCare		0	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	 WellBaby		
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	x	Dietetic	Nuclear Medicine	X	Support Services
	lato va o dicto		DIETETIC			
	Intermediate Care		Administration			
	Skilled Nursing					

ding Number:	BLD-00588 Buildi	ng Name: W	est Wing & Addition				
Type of Service	e Provided		Surgical		Obstetrical		Rehabilitation
	Nursing		o an groun		Cesarean/Deliv		Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Х	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

Report Year: 2017 11159	Community Memorial Hospital - Sa	n Buenaventura Ventura	Page:35 of 65							
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: Remove from GAC service by 1/1/2020										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Page vent	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
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: 201	17 11159 Co	ommunity M	lemorial Hospital - San I	Buenave	ntura Ventura		Page:36 of 65			
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-00586 Building Name: Main Building & Additions										
Configuration:	Configuration: Remove from GAC service by 1/1/2030									
Type of Service	Provided									
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis			
Pec esc	diatric/Adol cent		Clinical Lab		recovery					
	vchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
	stetrical e/Postprtum		Pharmaceutical		F		outed Diget			
	ermediate		Dietetic		Emergency		entral Plant			
Car			Administration		Nuclear Medicine		Support Services			
Skil	lled Nursing		, idiliminosi dilici							

Report Year: 2	2017 11159 C	community M	lemorial Hospital - San	Buenave	entura Ventura		Page:37 of 65			
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-00587	Building Na	me: Gift Shop							
Configuration: Remove from GAC service by 1/1/2020										
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy			
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery	Rei	nal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Resorvery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cer	ntral Plant			
	ntermediate		Dietetic							
	Care Skilled Nursing		Administration		Nuclear Medicine		pport rvices			
	'									

Report Year: 2017	7 11159 Com	munity Mem	orial Hospital - San Bu	uenaver	ntura Ventura		Page:38 of 65			
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-00588 Building Name: West Wing & Addition										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service P	rovided									
Nursi	ing	Su	ırgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inten	siveCare	An	esthesia		Obstetrical Recovery		Renal Dialysis			
Pedia escel	atric/Adol nt	CI	inical Lab		Recovery					
Psyc Nursi	hiatric ing	Ra Im	adiological/ naging		Newborn/ WellBaby		Outpatient Surgery			
	etrical /Postprtum	Pr	narmaceutical		Emergency		Central Plant			
	mediate	Di	etetic		Emergency		Contrair Tain			
Care	ed Nursing	Ac	dministration		Nuclear Medicine		Support Services			
	ı									

Report Year: 2	2017 11159 Co	ommunity M	lemorial Hospital - San I	Buenave	entura Ventura		Page:39 of 65			
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-00589	Building Na	me: South Wing							
Configuration: Remove from GAC service by 1/1/2020										
Type of Servic	e Provided									
N	lursing		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy			
In	ntensiveCare		Anesthesia		Obstetrical Recovery	Rei	nal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		patient gery			
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	☐ Cer	ntral Plant			
	ntermediate		Dietetic		,					
	are killed Nursing		Administration	Ш	Nuclear Medicine		pport rvices			
	1									

Report Year: 20	11159 C	ommunity M	lemorial Hospital - San E	Buenave	ntura Ventura		Page:40 of 65			
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: Remove from GAC service by 1/1/2030										
Type of Service	Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	ostetrical te/Postprtum		Pharmaceutical				Control Digat			
	ermediate		Dietetic		Emergency		Central Plant			
Ca			Administration		Nuclear Medicine		Support Services			
Ski	illed Nursing									

Report Year: 20	11159 C	ommunity M	emorial Hospital - San E	Buenave	ntura Ventura		Page:41 of 65			
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-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service	Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
	estetrical te/Postprtum		Pharmaceutical		Con out on ou		antral Plant			
	ermediate		Dietetic		Emergency		entral Plant			
Ca			Administration		Nuclear Medicine		upport ervices			
Ski	illed Nursing									

Report Year:	2017 11159 C	ommunity N	1emorial Hospital - San I	Buenave	ntura Ventura		Page:42 of 65			
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-00592	Building Na	me: E.R. Addition							
Configuration: Remove from GAC service by 1/1/2030										
Type of Servi	ce 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	Cer	ntral Plant			
	Intermediate		Dietetic		e.geey					
	Care Skilled Nursing		Administration		Nuclear Medicine		pport rvices			
	'									

Report Year: 201	17 11159 Co	mmunity M	emorial Hospital - San E	Buenave	ntura Ventura		Page:43 of 65			
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-00593 Building Name: Emergency Generator Building										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service	Provided									
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
Ped	diatric/Adol ent		Clinical Lab		Necovery					
	rchiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	stetrical e/Postprtum		Pharmaceutical		_					
	ermediate		Dietetic		Emergency		Central Plant			
Car					Nuclear Medicine		Support Services			
Skil	led Nursing		Administration							

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-03250 Building Name: E.R. Addition Bridge										
Configuration: Remove from GAC service by 1/1/2030										
Obstetrical Cesarean/Deliv	Rehabilitation Therapy									
Obstetrical Paccycony	Renal Dialysis									
Necovery										
Newborn/ WellBaby	Outpatient Surgery									
	Central Plant									
Emergency	Central Flant									
Nuclear Medicine	Support Services									
li ti	Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Emergency Emergency Obstetrical Recovery Obstetrical Recovery Obstetrical Recovery Obstetrical Recovery Obstetrical Recovery Obstetrical O									

Report Year: 2017	11159 Comm	unity Memorial Hospi	tal - San Buenave	entura Ventura		Page:45 of 65				
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: BL	_D-03251 Build	ing Name: Service I	Building							
Configuration: Remove from GAC service by 1/1/2030										
Type of Service Pr	ovided									
Nursir	ng	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy				
Intens	siveCare	Anesthesia		Obstetrical Recovery	Rer	nal Dialysis				
Pedia escen	tric/Adol t	Clinical Lab								
Psych Nursir		Radiological/ Imaging		Newborn/ WellBaby		patient gery				
Obste		Pharmaceuti	cal							
Ante/F	Postprtum			Emergency	Cer	ntral Plant				
Interm Care	nediate	Dietetic		Nuclear Medicine		pport rvices				
Skilled	d Nursing	Administratio	n		Se	rvices				

Report Year: 20	11159 C	ommunity M	emorial Hospital - San I	Buenave	ntura Ventura		Page:46 of 65			
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-03252	Building Nar	ne: Bridge Addition							
Configuration: Remove from GAC service by 1/1/2030										
Type of Service	Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ermediate		Dietetic		Lineigency		zentiai Flant			
Ca	are iilled Nursing		Administration		Nuclear Medicine		Support Services			
∐ Sk	ancu Ivursiriy									

Report Year: 201	17 11159 Co	mmunity M	lemorial Hospital - San E	Buenave	ntura Ventura		Page:47 of 65			
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-03253 Building Name: Brent Street Bridge										
Configuration: Remove from GAC service by 1/1/2020										
Type of Service	Provided									
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
Ped	diatric/Adol ent		Clinical Lab		Recovery					
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ermediate		Dietetic							
Car Skil	re lled Nursing		Administration		Nuclear Medicine		Support Services			
	I									

Report Year: 2017		•	orial Hospital - San Buenave		Page:48 of 65
Include information on 4D and SPC-5 per Sec	the number of tion 130061(6	f inpatient beds b	by type of Service provided b	y buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLE	D-00589	Building Na	ame: South Wing		
Type of Service Prov	<u>rided</u>				
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year:	2017	11159 C	community Mem	orial Hospit	al - San Buenavento	ura	Ventura		Page:49 of 65
	nformation on the SPC-5 per Section			by type of S	Service provided by b	buildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building I	Number: BLD	-00590	Building Na	ame: No	rth Wing & OB/Gyn	Additi	on		
Type of	Service Provi	ded							
X Nu	ırsing	Inpatient Beds	15	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	ensiveCare	Inpatient Beds	16	X	Anesthesia				
	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab	[X Obstetrical Recovery	F	Renal Dialysis
Ps Nu	ychiatric ırsing	Inpatient Beds	0		Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum	Inpatient Beds	0		Pharmaceutical	[X Emergency		Central Plant
Int Ca	ermediate are	Inpatient Beds	0		Dietetic	[Nuclear Medicine		Support Services
Sk	illed Nursing	Inpatient Beds	0		Administration				
	ital Beds this iilding		31						

ort Year:	2017	11159 Co	mmunity Mem	norial Hospi	tal - San Buenaventu	ura Ventura	Page:50 of 65
		he number of i ion 130061(e)	npatient beds	by type of S	Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Nu	mber: BLD	0-00591	Building N	lame: An	nbulatory Surgery &	OB/Gyn Addition	
Type of Se	ervice Prov	ided					
Nurs	ing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inten	siveCare	Inpatient Beds	0	X	Anesthesia		
Pedia esce	atric/Adol nt	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psyc Nurs	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Interi Care	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skille	ed Nursing	Inpatient Beds	0		Administration		
Total Build	Beds this		0				

port Year: 2017	11159	Community Memo	rial Hospital - San Buenavent	ura Ventura Ventura	Page:51 of 65
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-00592	Building Na	me: E.R. Addition		
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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2017	11159	Community Memor	rial Hospital - San Buenave	entura Ventura	Page:52 of 65
Include information on 4D and SPC-5 per Sec			type of Service provided by	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00593	Building Nar	me: Emergency Generat	or Building	
Type of Service Pro	<u>vided</u>				
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			

Report Year: 20	17 11159	Community Men	norial Hospital - San Buenaventu	ura Ventura	Page:53 of 65
Include information 4D and SPC-5 per	on on the number of er Section 130061(e	f inpatient beds	by type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number	: BLD-03250	Building N	lame: E.R. Addition Bridge		
Type of Service	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia		
Pediatric/A escent	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	lnpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Postp		0	Pharmaceutical	Emergency	Central Plant
Intermedia Care	ite Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nu	rsing Inpatient Beds	0	Administration		
Total Beds Building	s this	0			

eport Year: 2017	11159	Community Memo	rial Hospital - San Buenavent	ura Ventura	Page:54 of 65
Include information or 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	.D-03251	Building Nar	me: Service 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			

Report Year: 201	7 11159	Community Men	norial Hospital - San Buenaventu	ura Ventura	Page:55 of 65
Include information 4D and SPC-5 per	n on the number or r Section 130061(6	f inpatient beds e)	by type of Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-03252	Building N	lame: Bridge Addition		
Type of Service	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCa	are Inpatient Beds	0	Anesthesia		
Pediatric/Adescent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postpr	Inpatient rtum Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	e Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nurs	sing Inpatient Beds	0	Administration		
Total Beds Building	this	0			

eport Year: 2017	11159	Community Memo	rial Hospital - San Buenavent	Ventura	Page:56 of 65
Include information on 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03253	Building Nar	me: Brent Street Bridge		
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			

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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 Secti		ad by type of arm pro	oriced by buildings that all		, 5. 5 5, 5. 5 1, 5. 5
Building Number: Bl	_D-00589 Buildi	ng Name: Sout	h Wing		
Medical / Surgical (Incl	ude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude New	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care	
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	mentally
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 0	Service 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)

4D and or 0 0 per 0	CCIIO11 100001(C)		
Building Number:	BLD-00590	Building Name: North Wing & OB/Gyn A	ddition
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 15 Bed	Inpatient 25. Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 19 Days	95 Inpatient 16 Inpatient 3532 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

TE and or o o per c	4b and 3FC-3 per Section 130001(e)						
Building Number:	BLD-00591	Building Name:	Ambulatory Surgery & OB/0	Gyn Addition			
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric			
Inpatient 6 Bed	Inpatient Days	1450 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (Exclude	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed 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 Do	ependency	Total Beds this Building Per Building Per			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 0			

Report Year: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:60 of 65 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: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:61 of 65 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: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:62 of 65 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 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:63 of 65 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-03251 Service Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed 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: 2017 11159 Community Memorial Hospital - San Buenaventura Ventura Page:64 of 65 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) **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

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