



### 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:	<input type="text" value="11731"/>
Facility Name:	<input type="text" value="Good Samaritan Hospital"/>
Address:	<input type="text" value="1225 Wilshire Blvd"/>
City:	<input type="text" value="Los Angeles"/>

Hospital Owner/Licensee:	<input type="text" value="Good Samaritan Hospital / 930000071"/>
Year of Reporting:	<input type="text" value="2017"/>
Contact 1 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 2 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 3 e-mail Address::	<input type="text" value="[Confidential data left blank intentionally.]"/>
Name of Submitter:	<input type="text" value="Angel Rodriguez"/>
Submission Date:	<input type="text" value="10/10/2017 4:29:24 PM"/>

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-01997	1927 Building	1225 Wilshire Blvd	Replace	SPC4	01/01/2020	09/01/2019
BLD-01998	1953 Building	1225 Wilshire Blvd	Replace	SPC4	01/01/2020	09/01/2019

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:   Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11731	1140014-19-00	0		12/17/2014		07/12/2016		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\(c\)\(1\)\(E\)](#).

Building No:   Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11731	1140014-19-00	0		12/17/2014		07/12/2016		ACTI	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-01997

Building Name: 1927 Building

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>

Total Beds this Building

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-01998

Building Name: 1953 Building

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01997

Building Name: 1927 Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-01998

Building Name: 1953 Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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

<b>Building Number</b>	<b>Building Name</b>	<b>Building to be Removed / Replaced / Rebuilt</b>
BLD-01993	Main Hospital	Remain
BLD-01994	ICU / CCU Addition	Remain
BLD-01995	Mechanical Plant	Remain
BLD-01996	MRI Addition	Remain
BLD-01997	1927 Building	Replace
BLD-01998	1953 Building	Replace



No proposed new buildings to be constructed at this or another site.

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:   Removal Date:

Planned Uses for the building to be removed from acute care service:

Planned use for building:  Jurisdiction:

Other Usage:

[Inpatient services currently delivered in the building:](#)

- |                                                        |                                                   |                                                        |                                                         |
|--------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               |                                                        |                                                         |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Intermediate<br>Care          | <input checked="" type="checkbox"/> Dietetic      | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |                                                        |                                                         |

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-01998

1953 Building

Removal  
Date:

09/01/2019

Planned Uses for the building to be removed from acute care service:

Planned use for building: Clinic

Jurisdiction: OSHPD

Inpatient services currently delivered in the building:

- |                                                        |                                                    |                                                        |                                                         |
|--------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                |                                                        |                                                         |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" type="checkbox"/> Administration |                                                        |                                                         |

No data reported for Section 130061(c)(2)(D).

No data reported for Section 130061(c)(2)(D).

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-01997 Building Name: 1927 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic Relocated to other 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-01997 Building Name: 1927 Building

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 Number: BLD-01998 Building Name: 1953 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration N/A

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building  
Number:

BLD-01998

Building Name:

1953 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

Relocated to other building

No data reported for Section 130061(c)(3).



Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number: BLD-01997

Building Name: 1927 Building

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number: BLD-01998

Building Name: 1953 Building

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> 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-01993

Building Name: Main Hospital

Configuration: N/A

**Type of Service Provided**

- Nursing
- IntensiveCare
- Pediatric/Adol escent
- Psychiatric Nursing
- Obstetrical Ante/Postprtum
- Intermediate Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/ Imaging
- Pharmaceutical
- Dietetic
- Administration

- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/ WellBaby
- Emergency
- Nuclear Medicine

- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

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-01994

Building Name: ICU / CCU Addition

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adolescent

Psychiatric Nursing

Obstetrical Ante/Postpartum

Intermediate Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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-01995

Building Name: Mechanical Plant

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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-01996

Building Name: MRI Addition

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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-01997

Building Name: 1927 Building

Configuration: N/A

**Type of Service Provided**

- |                                                        |                                                   |                                                        |                                                    |
|--------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |                                                        |                                                    |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> 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-01998

Building Name: 1953 Building

Configuration: N/A

**Type of Service Provided**

- Nursing
- IntensiveCare
- Pediatric/Adol escent
- Psychiatric Nursing
- Obstetrical Ante/Postprtum
- Intermediate Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/ Imaging
- Pharmaceutical
- Dietetic
- Administration

- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/ WellBaby
- Emergency
- Nuclear Medicine

- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services



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

Building Number: BLD-01993

Building Name: Main Hospital

**Type of Service Provided**

Nursing Inpatient Beds 258

IntensiveCare Inpatient Beds 33

Pediatric/Adolescent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postpartum Inpatient Beds 31

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 28

Total Beds this Building 350

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-01994

Building Name: ICU / CCU Addition

**Type of Service Provided**

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 58

Pediatric/Adolescent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postpartum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 58

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-01995

Building Name: Mechanical Plant

**Type of Service Provided**

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adolescent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postpartum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-01996

Building Name: MRI Addition

**Type of Service Provided**

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adolescent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postpartum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number: BLD-01993 Building Name: Main Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: BLD-01994 Building Name: ICU / CCU Addition

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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

Building Number: BLD-01995 Building Name: Mechanical Plant

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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

Building Number: BLD-01996 Building Name: MRI Addition

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**